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Citation for published version (APA):

Hussein, S. (2011). Men in the English care sector. *Social Care Workforce Periodical*, (14).
<http://www.kcl.ac.uk/sspp/policy-institute/scwru/pubs/periodical/2011/issue14.aspx>

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Social Care Workforce Periodical

MEN IN THE ENGLISH CARE SECTOR

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September 2011

ISSUE 14
SOCIAL CARE WORKFORCE RESEARCH UNIT
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About *Social Care Workforce Periodical*

The *Social Care Workforce Periodical* (SCWP) is a regular web-based publication, published by the Social Care Workforce Research Unit, King's College London. SCWP aims to provide timely and up-to-date information on the social care workforce in England. In each issue, one aspect of the workforce is investigated through the analysis of emerging quantitative workforce data to provide evidence-based information that relates specifically to this workforce in England. The first issues of *Social Care Workforce Periodical* provide in-depth analyses of the latest versions of the National Minimum Data Set in Social Care (NMDS-SC); for further details on NMDS-SC please visit <http://www.nmds-sc-online.org.uk/>. We welcome suggestions for topics to be included in future issues.

About the author

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Acknowledgments and disclaimer

The author is most grateful to Skills for Care for providing the latest NMDS-SC data files. Special thanks go to colleagues at Skills for Care, Paul Buchanan, David Griffiths and Sarah Woodrow, for their continued support and colleagues at the Social Care Workforce Research Unit. The overall analysis of the NMDS-SC is funded under the Department of Health Policy Research Programme support for the Social Care Workforce Research Unit at King's College London. The views expressed in this report are those of the author alone and not necessarily those of the Department of Health, or Skills for Care.

Executive Summary

Caring for older and people with disabilities is traditionally, and continues, to be conceptualised as female work, or as requiring female skills in most countries. Social norms and gender ideology ascribe different spheres of employment for men and women. While these factors are in place, considerable numbers of men and women are increasingly moving into gender atypical job roles. In the UK, occupation segregation remains evident in some sectors, particularly human services including care work. However, there is evidence that role segregation is increasingly becoming blurred. Labour market changes, equalities legislation, role models and career ambitions are some of the interacting factors that shape labour choices, opportunities and actions. In the UK, arising from shortages of staff in the care sector, interest is growing in attracting non-traditional workers to the sector. While this 'interest' may be evident, it is not always linked to improvements in pay and working conditions in the sector. It is important to note, however, that the social care workforce encompasses a broad range of roles, skills and activities. Some of these roles have been more 'masculine' by nature, accounting for the presence of many men in social care work, such as in management and technical jobs.

While there is a growing interest of the experience of men in female-dominated jobs, especially nursing, there is almost no equivalent body of literature on the role of men in the long term care sector. Which men are attracted to the sector? What type of job roles do they perform? Are they more present in managerial or hands on and stereotypically more female roles? Do organisational characteristics play any role in recruiting men to the sector? What is the contribution of migrant men, and do they have different jobs compared to non-migrant men?

In this Issue of *Social Care Workforce Periodical* we attempt to examine some of these questions using the National Minimum Data Set for Social Care (NMDS-SC), March 2011. The data provide a wide range of information both in relation to individuals as well as organisations or providers of care. Here we investigate the association between local area characteristics and the presence of men in the sector. Reflecting the literature we also examine the likelihood of men to be employed in certain managerial jobs and to what extent gender authority and power are reflected in the types and patterns of men working within the sector. The analysis also considers trends in the level of contribution of men to the sector over the past decade. In addition to examining the profile of men in the sector in relation to women, we investigate whether the profiles of migrant men are different or similar to British men working in the sector. We seek to improve understanding of the employment settings and sectors that are more likely to attract men as workers, including characteristics such as size, sector, type of service offered, main user groups, and others.

Using a range of univariate and multivariate analyses, including employing mixed-effect models, the NMDS-SC reveals important elements of the profile and

specific contribution of men to the care sector. Overall men constituted around 17 percent of the workforce reported in the NMDS-SC, March 2011. Trends analysis indicates that, among those about whom we have information, the percentage of men (out of both men and women) starting their current job in the sector increased steadily from 12.8 percent in 2000 to 19.6 percent in 2009, dropping slightly to 19.1 percent in 2010.

Looking at personal profiles, while men working in social care are only slightly younger than women, by an average of six months, they are more evenly distributed across the age range of 30-50 years, unlike women whose age peaks at around 50 years. Employers are significantly more likely to report that proportionally more men have some form of disability. Such differences may reflect real differences, or may be attributed to differences in patterns of disclosure or job seniority and security by gender. Significantly more men than women were reported to be from an ethnic minority group, particularly from Asian backgrounds, these are correlated with nationality of workers. Significantly larger proportion of men were identified to be migrants than women (21% vs. 14%), with the majority of migrant men (80%) born in non-EU countries, especially the Philippines, India, Nigeria and Zimbabwe.

More men appear to be recruited from outside the sector (including the health sector) than women. Larger proportions of men hold non-relevant qualifications to social care; or started working as volunteers. Men were more likely to be working part time, but to be contracted for a larger number of hours per week, and to be working on temporary or agency contract, and to have taken significantly fewer career breaks than women, reflecting traditionally distributed caring responsibility outside employment and maternity responsibilities.

Clear horizontal and vertical variations in main job roles by gender and by nationality within men are evident. Overall, men are over-represented in managerial/supervisory roles and constitute the majority of traditionally masculine job roles, such as technical and advisory/support job roles. Men are over represented in organisations providing services to certain user groups, especially adults detailed under the Mental Health Act (MHA), those reported to be users of social care who are in the 'autistic spectrum' and to people with learning disabilities.

Among men, clear variations in job roles were observed in relation to whether they were migrants or British born, with the former group more concentrated in traditionally female job roles such as care work and nursing in social care settings. Migrant men were on average 5 years younger than British men, and were more likely to work in residential care settings (such as care or group homes) while British men were more prevalent in day and community care settings. The percentage of migrant men out of all men is highest among those working with older people, those detained or being cared for under the MHA and older people with physical disabilities. These variations correlates with the types of job roles performed by migrant compared to British men but may also reflect different patterns of shortages and demand.

Using mixed-effect models we examined the characteristics of organisations that were reported to recruit proportionally more men than average within their workforce. The hierarchical model indicated that there is a significant effect of local area and region, albeit explaining only 3 percent of the total variance. Level of rurality of area is significantly important, with organisations located in predominantly urban areas recruiting significantly more men relative to their workforce size than average. Socio-economic level of local areas, as measured by the English Index of Multiple Deprivation (IMD), is not significantly associated with the prevalence of male workers within organisations. Size of organisation, sector and type of service provided all significantly affected the proportion of men working within an organisation. Men contributed significantly more than average within organisations that are small or micro in size (1-10 employees); belong to the voluntary sector and provide services to children, healthcare or other activities. Men contributed significantly less than average to organisations providing adult domiciliary (home) care, located in rural areas and belonging to the public sector (local authority). Men also contributed significantly more than average to organisations providing services to adults with learning disabilities or adults with autistic spectrum disorder. The mixed-effect model indicated that the majority of the variation in the prevalence of men within organisations is attributable to organisation level effect, including type, services, size and other non-measured effects (within group variance constituting 97% of variance).

Background

Care work is globally a female dominated occupation. The concentration of women in the care sector is a product of a number of interacting societal, occupational and gender phenomena. Gender is conveyed through structures of power and authority with men tending to be concentrated in positions of power, even within occupations that are female-dominated such as care work. Caring for older people and people with disabilities is traditionally, and continues, to be conceptualised as female work, or as requiring female skills in most countries. Social norms and gender ideology ascribe different spheres of employment for men and women. The feminine nature of care work itself is sometimes theorised to be associated with the assigned value of care jobs as reflected in pay, career opportunities and general working conditions (England et al. 2007, Alksnis et al 2008). This is despite the fact that care work is 'expensive' both at the individual and societal levels. Yet, as Cameron and Moss (1998) indicate, 'caring work is gendered not just because the workforce is nearly always women but because of the way the work is thought about'.

While these factors are in place, for some time considerable numbers of men and women have been increasingly moving into gender atypical job roles; for example, men as nurses and women as traders (Hakim 1996). While some women may pursue male careers for the power and authority they usually include, such as prestige, higher pay and opportunities or purely as a proof of equality, little is known about the entry decisions of men to non-traditional occupation. In the UK, occupation segregation is very evident in some sectors, particularly human services including care work (Equal Opportunities Commission, 2003). Recent research has started to give more attention to understanding the motivations and career choices of men in non-traditional jobs, particularly nursing (for example: Simpson 2004, McMillian et al 2006, Loughrey 2008). Theoretical understandings of these research questions are still in their infancy and are very fragmentary.

Clearly a combination of individual and more societal and global factors affects men's attitude to careers, decisions and choices about labour market participation. Ageing, population change, globalisation and labour market dynamics are some of the long-standing trends that may directly influence occupational choices of both men and women. For example, the growth in the social care sector, due to population ageing and changes in family structures, provides more opportunities for female-dominated jobs. This becomes even more important during times of economic hardship, rising unemployment and current austerity measures. During the past couple of decades there was some evidence that such structural changes were providing new employment opportunities for some groups, for example, migrant men and more specialised qualified men such as occupational therapists or social workers. However, there is evidence that role segregation is increasingly becoming more blurred. Labour market changes, role models and career ambitions are few of the interacting

factors that shape employment choices and actions. Sometimes career patterns are different, for example, in the United States, Jacob (1993) found that men who enter female-dominated jobs have higher occupational mobility and tend to move rapidly into and out of such jobs. Later a recent British study of men working in female-dominated occupations indicated that some men, especially those who have gained skills, have high job satisfaction and are less likely to perceive their jobs as 'women's work' (Bagilhole and Cross 2006); perhaps reflecting Hakim's (1996) argument about the importance of men and women's individual rather than structural preferences.

In the UK, due to the continual workforce shortages in the care sector, there has been a growing interest in attracting non-traditional workers. This 'interest' is taking place largely in isolation from substantial improvements in pay and working conditions in the sector. A recent study commissioned by Skills for Care (Vector Research 2009) considering ways of improving the recruitment of men into the care sector, found that men's individual perceptions, life-course stage and access to care jobs may shape men's choice of care jobs. In addition to individual perceptions, they also found that perceptions of difficult work conditions, and structure, make men reluctant to join the sector.

The care sector in the UK, as well as in most of the world, remains very gendered, the majority of jobs are undertaken by women and are considered 'women's work'. The social care workforce is very wide, however, and offers a broad range of roles and activities. Some of these roles may be considered masculine by nature, such as management and technical jobs, it is likely that when men are attracted to the sector that they would be more concentrated in such jobs. It is also likely that some segments of men, such as migrants, may be more willing to accept gender atypical jobs in order to facilitate their entry to the UK or as a stepping-stone in to the wider British labour market. However, in addition to personal factors, organisational factors also may have a role in attracting and retaining men. The little research available on men in the care sector suggests that they are more likely to perform managerial roles as a reflection of authority and control or in traditional male roles (Davey, 2002; McLean, 2003).

In other female dominated occupations, especially nursing, a growing body of the literature suggests certain career advantages when men join such occupations. Several factors, including institutional culture (Evans 1997) and perception of men as 'leaders' (Kleinman 2004), are usually proposed to explain these advantages. However, some of the strongest associations are more pragmatic and relate to gender-differences in working patterns and career breaks (Whittock et al 2002). In addition to institutional and practical factors, some research suggests gender-differences in aspirations and expectations when choosing traditionally female-dominant occupations. However, Mullan and Harrison (2008) found no differences in the expectations of men and women nursing students, with the exception that women valued the 'status of the job' and 'interesting work' opportunity more than men.

With the exception of a small amount of research, there is almost no equivalent body of literature on the role of men in the long term care sector. Which men are

attracted to the sector? What type of job roles do they perform? Are they more likely to be found in managerial or 'hands on' direct care and possibly more 'feminine' types of role? Do organisational characteristics play any role in recruiting men to the sector? What is the contribution of migrant men, and do they do different jobs from non-migrant men?

In this Issue of *Social Care Workforce Periodical* we attempt to examine some of these questions using the National Minimum Data Set for Social Care (NMDS-SC), March 2011. The data provide a wide range of information both in relation to individuals as well as organisations or providers of care. Here we investigate the association between local area characteristics and the presence of men in the sector. Reflecting the literature, we also examine the likelihood of men to be employed in certain managerial jobs and to what extent gender authority and power are reflected in the types and patterns of men work within the sector. The analysis also considers trends of level of contribution of men to the sector over the past decade. In addition to examining the profile of men in the sector in relation to women, we investigate whether migrant men appear to be different or similar to British men working in the sector. We pay attention to improving understanding of the types of services that are more likely to attract men, including characteristics such as size, sector, type of service offered, main user groups, and others. The NMDS-SC (March 2011) data analysed in this Issue include information on very large number of workers in the sector (n=642,777); and cover workers with different job roles including social workers, social care workers and others. The NMDS-SC returns are predominantly completed by employers in the adults care sector, however, a small but growing number of employers, especially local authorities, provide details of those working in children's services.

Methods

The analysis presented in this Issue utilises NMDS-SC, end of March 2011, individual workers file. The dataset provides detailed information on 642,777 workers' records in the social care sector in England. For each of the records, employers provide considerable amount of personal and workforce information¹. Personal information provided includes date of birth, gender, and reported disability and, for a large sample, nationality and country of birth. Out of the 642,777 workers' records reported in NMDS-SC March 2011, 43,755 records did not include any information on gender and were subsequently excluded from the analysis. The current analysis utilise a total of 599,022 records. Overall, 17.1 percent of the workforce reported (n=102,694) were identified by their employers to be men. The total number of records used for each sub analysis may be smaller than the 599,022 due to missing values for examined characteristics. The analysis investigating men in the social care sector is organised into four sections. The first examines the relations between personal and job role characteristics and gender. The second section focuses on establishments, or organisational characteristics, and investigates if certain organisations are more likely to attract men than others. The third section utilises information related to year of starting work in the sector and specific employment and gender to investigate trends in the prevalence of men within the English care sector. We used R statistical environment to conduct the analyses. The fourth, and last, investigates the variations between two sub-groups of men within the sector: those identified as British compared to migrants.

In the first section of this *Issue*, we analyse the differences in personal and job role characteristics by gender. Personal characteristics investigated include age, ethnicity, qualification levels, reported disability and nationality. For job characteristics we focus on gender differences in relation to main job role performed, induction to the job and patterns of working. We use Analysis of variance ANOVA and other statistical tests to examine if any of these differences are significant.

In the second we investigated whether organisations with particular characteristics attract more men within their workforce. We hypothesised that certain characteristics such as size of organisation², sector and nature of main services provided may attract more men than others. We first used bivariate analysis to examine prevalence of men by different organisational characteristics such as sector and organisation size. We also used local area Multiple

¹ For details of data item collected by NMDS-SC see: <http://www.nmds-sc-online.org.uk/content/view.aspx?id=NMDS-SC%20data%20items>

² Micro employers = less than 10 staff members, small = 10-49 staff members, medium = 50-199 and large = 200 or more staff members.

Deprivation Index (MDI 2007) statistics and whether areas are urban or rural³. After examining different distributions and associations, we examined the relationship between the prevalence of men and certain characteristics that appear to have high level of association; then we selected a number of factors to include in a statistical model. We conduct a mixed-effect model with the prevalence of men within specific organisations as the independent variable, centred on the mean prevalence of men within organisations (19.54%). The model identifies the nested effects of different organisations within local authorities within regions. This analysis utilises Non-linear mixed models (NLME) module in R statistical environment on UNIX. The formulation of a multilevel linear mixed effects model with two nested levels of random effects could be written in a matrix format as follows (an adaptation of Pinheiro and Bates (2000) that extend Laird–Ware formulation for single-level LME (Laird and Ware 1982)).

$$y_{ij} = X_{ij}\beta + Z_{i,j}b_i + Z_{ij}b_{ij} + \varepsilon_{ij},$$

$$i = 1, \dots, M, \quad j = 1, \dots, M_i$$

$$b_i \sim N(0, \Psi_1), \quad b_{ij} \sim N(0, \Psi_2), \quad \varepsilon_{ij} \sim N(0, \sigma^2 I).$$

Where:

y_{ij} are the response vectors at the innermost level of grouping, length n_{ij} .

M is the number of first levels of groups, region.

M_i is the number of the second level of groups, local authorities within each region.

X_{ij} are the fixed effects model matrices. Size $n_{ij} \times p$

b_i is the first-level random effect (Region) of length q_1

b_{ij} is the second-level random effects (district level council) of length q_2

$Z_{i,j}$ are the first-level random effects model matrices. Size $n_i \times q_1$

Z_{ij} are the second-level random effects model matrices. Size $n_i \times q_2$

It is assumed that:

b_i are independent for different i

b_{ij} are independent for different i or j and independent of b_i

ε_{ij} are independent for different i or j and independent of the random effects

The mixed-effect model examines the relationship between different organisational and local characteristics with prevalence of men and accounts separately for the effects of different hierarchies. In statistical terms, ignoring this grouping effect would lead to inaccurate results due to statistical errors when treating data as independent while they are not (or pseudoreplication,

³ For further discussion about these categorization and their use in conjunction to NMDS-SC see (Hussein 2011). For more information on MDI 2007 see: (Nobel et al 2008). For further information on urban/rural categorization see: www.ons.gov.uk

resulting from conducting an analysis on data assumed to have more freedom than is actually the case). The model examined the prevalence of men within 19,369 organisations providing social care services, within 326 district level councils, nested within 9 regions in England. The model used region and councils as random effects. As fixed effects we included organisation size, sector, main type of service, and level of rurality of an area. We also included in the model whether workers are in organisations providing services to particular service user groups, particularly adults with learning disabilities, adults detained or being cared for under the Mental Health Act (usually resident in hospital settings, where there may be some social care staff who would be included in the NMDS-SC returns, for example, from private hospitals) and adults with autistic spectrum disorder, the choice of these variables were based on the first stage of the analysis where men are observed to be significantly more prevalent in organisations providing these services. We used a forward step-wise process to introduce to the model additional characteristics and interactions and tested the improvement in the overall model using AIC (Akaike information criteria) and BIC (Bayesian information criteria) to select the best model (Akaike 1974, Schwartz 1978). Non-significant factors, which did not improve the overall model, were dropped before adding new factors. The final model for each group of workers presents the best model as determined by both AIC and BIC.

The third section of this Issue investigated trends in the level of contribution of men to the sector over the past decade. Using different dates, related to when people started working in the sector, and specific employment we investigated changes in the percentage of men joining the sector and starting their current jobs over the past 10 years.

Employers completing the NMDS-SC by the end of March 2011 indicated the nationality of a total of 426,141 workers⁴. The fourth and last section of this Issue focuses on differentiating the characteristics of British and migrant men who are working in the care sector. We examine issues around particular jobs, age, qualifications, induction, and main service user groups within care organisations.

⁴ Due to the way data on nationality are collected, up to March 2011, where employers are required to indicate whether workers are British or not, without an option of 'don't know', there is a likelihood that some employer may indicate that 'all' workers are British, or tend to report some migrants as British if they are not sure of their nationality. Therefore the estimates derived directly from the data may under-represent the contribution of migrants in the sector. From June 2011, Skills for Care added a new field of 'don't know'.

Personal and job characteristics of men working in the female dominated care sector

Overall 102,694 workers were identified by their employers as men (NMDS-SC March 2011), constituting 17 percent of all workers. In this section we investigate the personal and job related characteristics of men working in the care sector in comparison to women. Personal characteristics collected by the NMDS-SC include age, disability, ethnicity, nationality and highest education level. Job related characteristics include main job roles, working patterns (full/part time) and contracted working hours.

Men's personal profile

Age, disability and ethnicity

Men working in the sector, as reported in the NMDS-SC March 2011, are slightly younger than women with a mean age of 41.9 years, compared to 42.3 years for women (these differences are statistically different $F=79.2$, $p<0.001$). Men are also more evenly distributed around the ages of 30 to 50, unlike women in the care workforce where their distribution peaks around the age of 50 years (see Figure 1).

Significantly more men were reported by their employers to have some form of disability when compared to women (3.3% vs. 1.9%; $\chi^2=740.5$; $df=1$ $p<0.001$). This may relate to different disclosure patterns between men and women; but may also relate to job confidence, empowerment and the specific nature of a disability (Ellison et al, 2003). The NMDS-SC also indicates some difference in ethnicity by gender. Table 1 shows that significantly more men are identified by employers to belong to a black or minority ethnic group (BME), these differences are statistically significant ($\chi^2=4408.1$; $df=4$; $p<0.001$). Ethnicity-gender difference is particularly evident in relation to workers who are identified to be Asian or Asian British (9.1% of men vs. 4.8% of women). Breaking this down, proportionally more men working in social care are Indian (3.9%) or from other Asian background (2.9%) than women (1.9% and 1.6% respectively). These findings directly relate to the contribution of migrant men to the sector and reflect the main sending countries to the UK. Nationality and country of birth will be discussed further in this Issue.

Figure 1 Density distribution function of age by gender, NMDS-SC March 2011

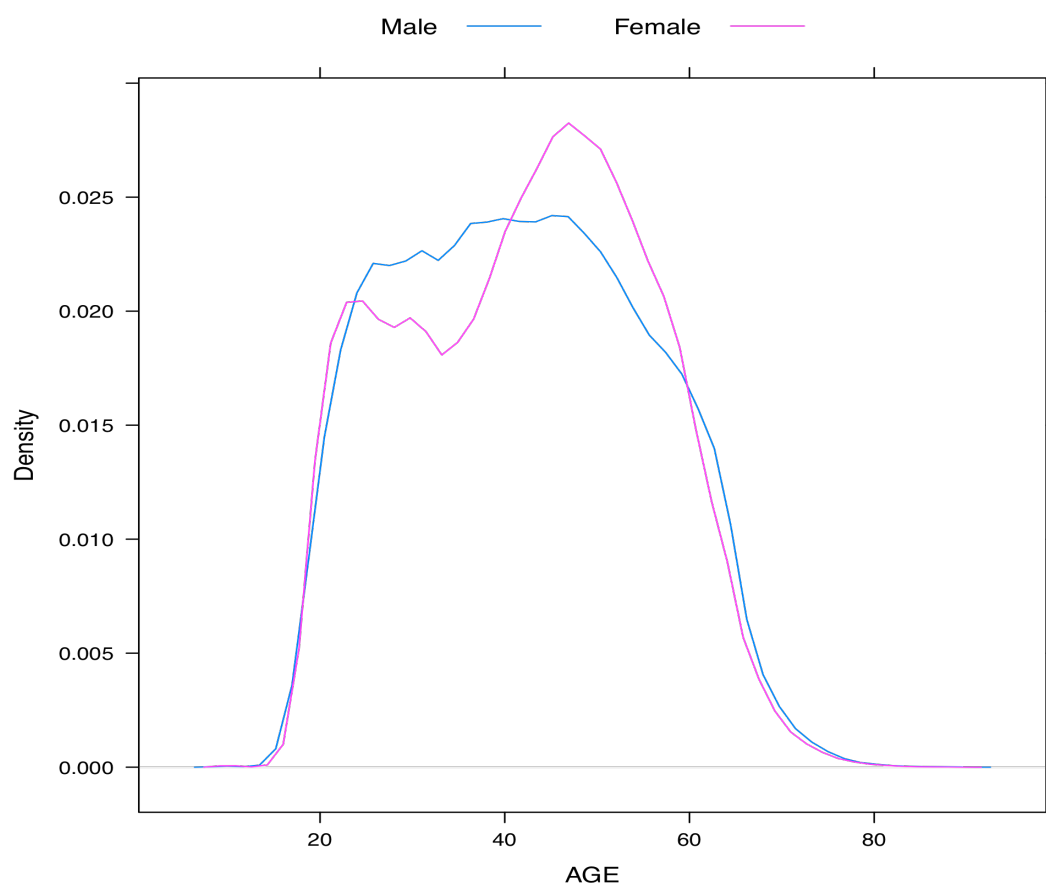


Table 1 Distribution of social care workers by gender and ethnicity, NMDS-SC March 2011

Ethnicity	Men		Women	
	N	%	N	%
White	63,791	73.7%	350,391	82.8%
Mixed	1,670	1.9%	6,427	1.5%
Asian or Asian British	7,874	9.1%	20,386	4.8%
Black or Black British	9,452	10.9%	32,754	7.7%
Other groups	3,812	4.4%	13,242	3.1%
Total	86,599	100.0%	423,200	100.0%

Qualifications and training

Employers completing the NMDS-SC returns indicate all qualifications obtained by the workers, from these Skills for Care derived a variable of highest qualification level of individual workers. Table 2 and Figure 2 show that the patterns of qualifications held by men and women working in the care sector are more or less similar, particularly that the majority of both groups hold

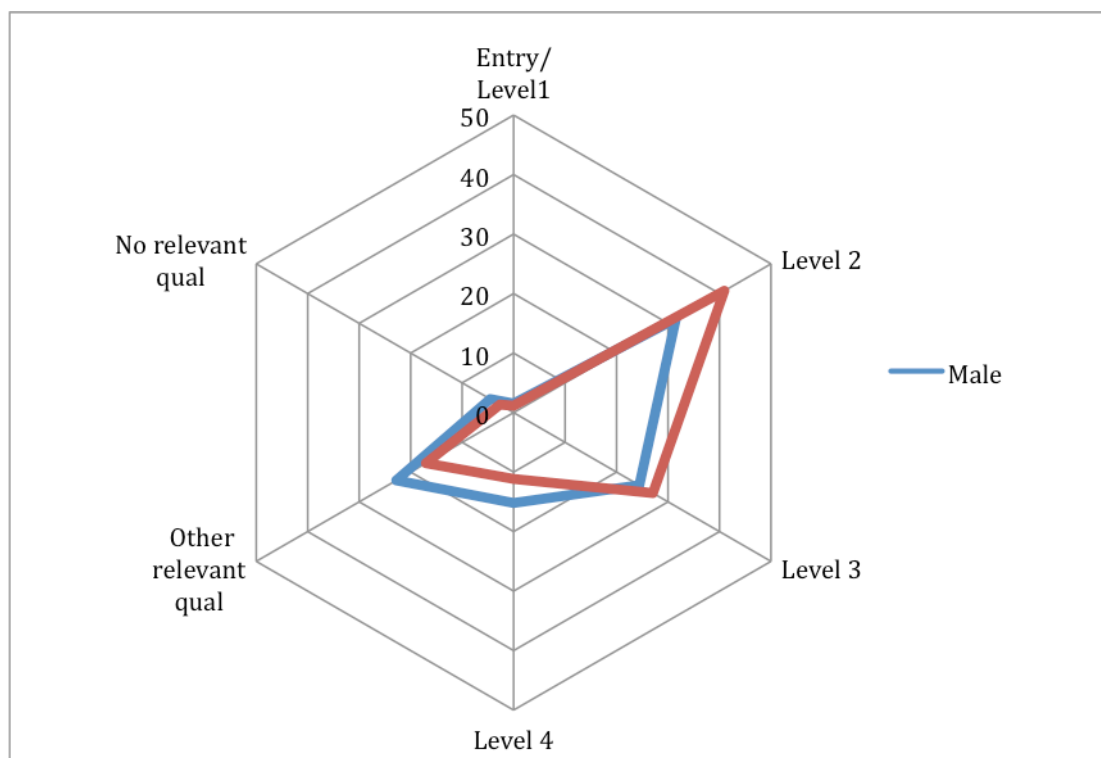
qualification level (NVQ = national vocational qualification) 3 or below. It should be noted that the data include social workers.

Table 2 Distribution of social care workers by gender and highest qualification level, NMDS-SC March 2011

Highest qualification level (NVQ)	Men		Women	
	N	%	N	%
Entry/Level1	550	1.5%	2,469	1.2%
Level 2	11,331	31.5%	87,127	40.9%
Level 3	8,777	24.4%	57,581	27.1%
Level 4	5,458	15.2%	23,731	11.2%
Other relevant qualifications	8,189	22.8%	36,226	17.0%
No relevant qualifications	1,630	4.5%	5,689	2.7%
Total	35,935	100.0%	212,823	100.0%

One of the gender differences in highest qualifications is that men are more likely to hold other relevant qualifications, or no relevant qualifications, while women tend to have level 2 qualifications more frequently ($\chi^2=2164.3$; $df=5$; $p<0.001$). The analysis also indicates that a very slightly smaller percentage of men has completed their induction (initial training for a job) when compared to women (67% vs. 70%).

Table 2 Distribution of highest qualification level by gender, NMDS-SC March 2011



Nationality and country of birth

Since the beginning of 2010, the NMDS-SC started collecting information on nationality and country of birth of workers from their employers. The collection of these data items became part of the returns since October 2010. Employers are currently asked to indicate whether each individual worker they are reporting about is British or not; if identified as not British, employers are then asked to provide further information related to country of birth and year of entry to the UK. Up until June 2011, employers were not offered a 'don't know' field in relation to nationality, thus it is likely that employers who are not sure about some of their workers' nationality may indicate that they are British and consequently under-report the contribution of migrants to the sector. Skills for Care introduced a new field of 'don't know' from June 2011 to reflect when employers are not sure about their workers' nationalities. The dataset used in the analyses presented here is prior to such additions.

Table 3 Distribution of individual workers by gender and nationality, NMDS-SC March 2011

Nationality	Men		Women		Total	
	N	%	N	%	N	%
Migrant	15,354	20.9%	46,198	13.1%	61,552	14.4%
British	57,962	79.1%	306,627	86.9%	364,589	85.6%
Total	73,316	100.0%	352,825	100.0%	426,141	100.0%

Table 4 shows that employers identify considerably more men working in the sector to be migrants than women (21% vs. 13%). Among non-British workers where employers provided information on their country of birth, Table 5 shows that, similar to migrant women, the top sending country for migrant men in the sector is the Philippines. Proportionally more migrant men are from India and Nigeria than women, while more migrant women are from Poland and Ireland. Figure 3 shows that slightly more migrant men are from non-EEA⁵ countries (80% vs. 75%) while more migrant women are from the A8 countries (15% vs. 10%).

⁵ EEA countries (excluding UK, A8 and A2): Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Italy, Liechtenstein, Luxembourg, Malta, Norway, Norway, Portugal, Republic of Ireland, Spain, Sweden, Switzerland, The Netherlands. A8 countries: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia, and Slovenia. A2 countries: Bulgaria, Romania. Non-EEA countries: covers other states in the world.

Table 4 Distribution of migrant men and women by country of birth, NMDS-SC March 2011

Country of birth	Men		Women	
	N	%	N	%
Philippines	2,592	16.9%	6,935	15.0%
India	2,266	14.8%	4,371	9.5%
Nigeria	1,780	11.6%	4,072	8.8%
Zimbabwe	1,348	8.8%	4,098	8.9%
Poland	1,177	7.7%	4,725	10.2%
Romania	398	2.6%	871	1.9%
Ghana	385	2.5%	1,476	3.2%
South Africa	359	2.3%	1,564	3.4%
Mauritius	319	2.1%	359	0.8%
Pakistan	295	1.9%	550	1.2%
Bangladesh	248	1.6%	267	0.6%
Ireland	198	1.3%	1,098	2.4%
Rest of the world	3,989	26.0%	15,812	34.2%
Number of non-British workers	15,354	100.00%	46,198	100.00%

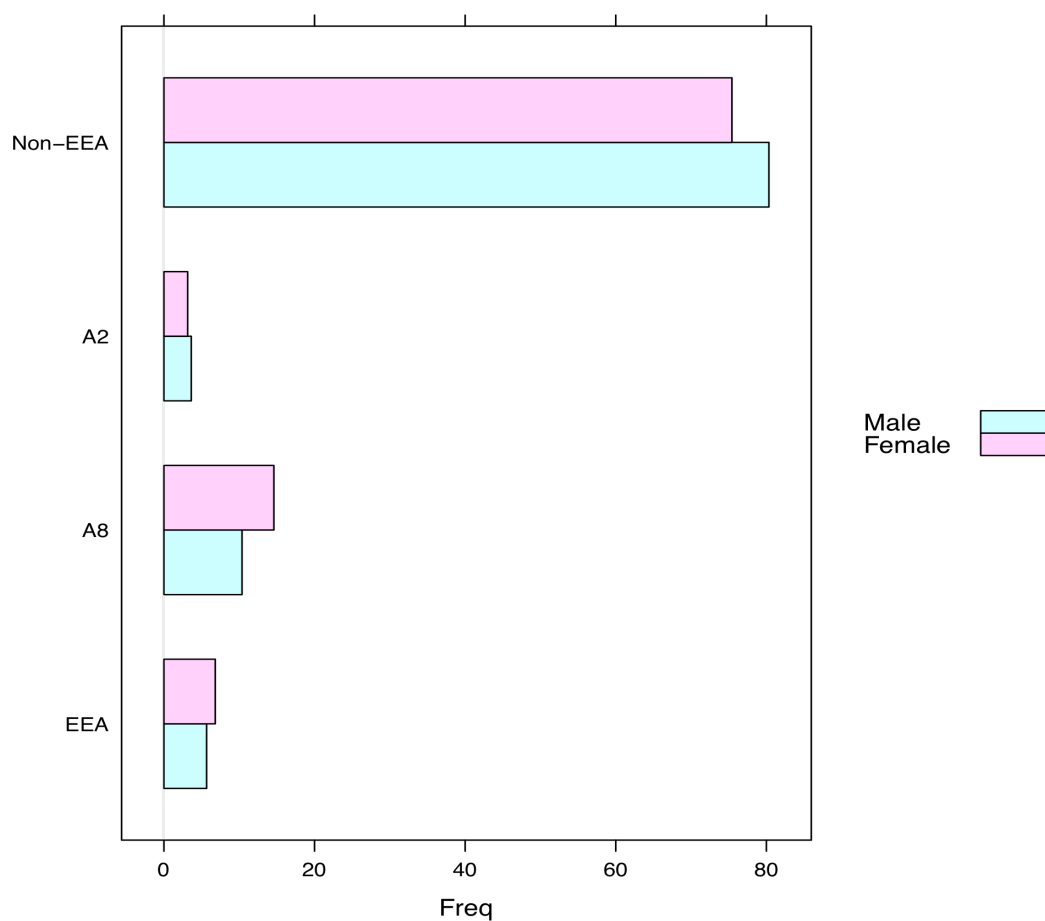
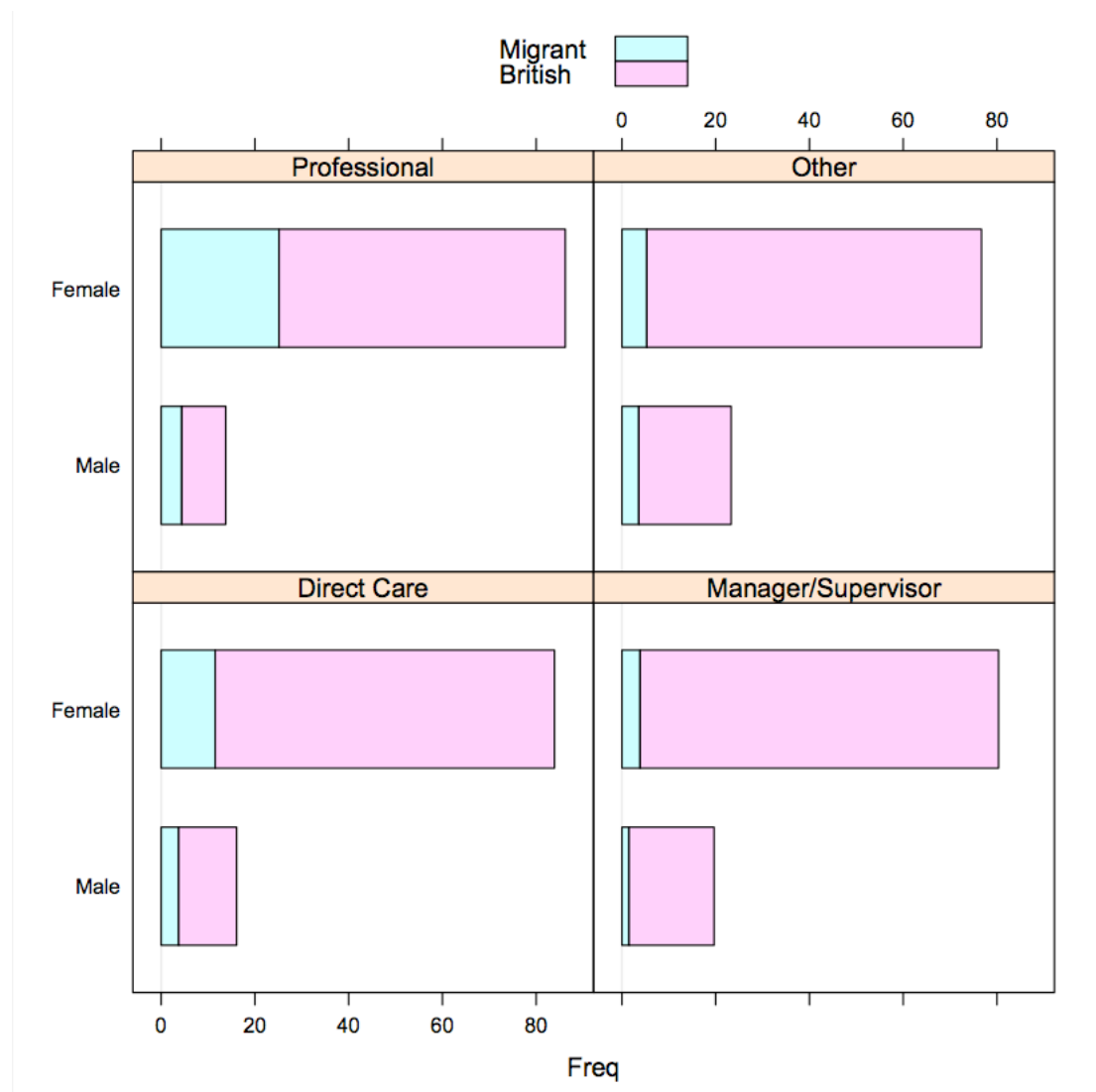
Figure 3 Distribution (percentage) of migrant men and women by whether country of birth is EEA or non-EEA country, NMDS-SC March 2011

Figure 4 presents the three-way distribution of gender, nationality and the four main job role groups⁶. The findings indicate the over-representation of men in managerial and supervisory roles, however, such contribution related to managerial roles is almost entirely due to British rather than migrant men. Meanwhile the largest contribution of migrants (both male and female) can be found in professional jobs, especially nursing roles (generally in care homes). For example, 25 percent of all professional roles are performed by migrant women and 4 percent by migrant men.

Figure 4 Distribution of workers by whether British or migrants and gender within different job role groups, NMDS-SC March 2011



⁶ Grouped as: 1. 'Managers/supervisors': senior management, middle management, first line manager, registered manager, supervisor, managers and staff in care-related jobs; 2. 'Direct care': senior care worker, care worker, community support, employment support, advice and advocacy, educational support, technician, other jobs directly involving care; 3. 'Professional': social workers, occupational therapists, registered nurse, allied health professional, qualified teacher; 4. 'Other': administrative staff, ancillary staff, and other job roles not directly involving care.

Job characteristics and gender

The NMDS-SC provides several pieces of information on workers' job characteristics, such as main job role, work patterns and contracted hours among others. As discussed earlier, the literature indicates that men who work in traditionally female roles may be attracted to certain job roles that confer power and authority such as managerial roles. Specific professions such as social work appeared to have attracted more men since it became a degree level qualification in England (GSCC 2010), albeit there are less favourable progression rates among male students compared to females (Hussein et al 2009, Furness 2011). Here we use the NMDS-SC data to investigate whether men have different job characteristics than women or not using these empirical data.

Job roles

Table 6 shows that over half of men identified in the NMDS-SC March 2011 are working as care workers (both in care home and home care or other settings); this is the largest group of workers in the sector for both men and women. The second largest group, which constitute 10 percent of men, is the ancillary staff (this is compared to 7% of women). While relatively more women are working in administrative roles (4% vs. 2.9%) or as registered nurses (4% vs. 2.8%) than men, relatively more men are working as senior managers (1.8% vs. 0.8%); middle managers (1.3% vs. 0.9%) and managers in care related roles (1.5% vs. 1%) than women. Almost equal proportions of men and women are identified to be working as social workers (2% and 1.7% respectively).

Table 5 Distribution of workers by main job role⁷ and gender, NMDS-SC March 2011

Main job role	Men		Women	
	N	%	N	%
Care Worker	54,310	53.0%	299,418	60.4%
Ancillary staff not care-providing	10,748	10.5%	34,071	6.9%
Other non-care-providing job roles	5,469	5.3%	11,595	2.3%
Senior Care Worker	5,306	5.2%	34,057	6.9%
Community Support/Outreach Work	5,112	5.0%	17,451	3.5%
Administrative not care-providing	2,988	2.9%	19,766	4.0%
Registered Nurse	2,820	2.8%	19,958	4.0%
First Line Manager	2,246	2.2%	9,314	1.9%
Social Worker	2,042	2.0%	8,447	1.7%
Senior Manager	1,845	1.8%	3,924	0.8%
Other care-providing job role	1,829	1.8%	7,013	1.4%
Registered Manager	1,692	1.7%	8,294	1.7%

⁷ NMDS-SC covers returns from both adults and children's social care services, however, relatively fewer returns are made from the children's sector. Consequently, job roles will include some related mainly to adults or children.

Main job role	Men		Women	
	N	%	N	%
Managers/staff in care-related roles	1,483	1.5%	5,128	1.0%
Middle Manager	1,309	1.3%	4,223	0.9%
Supervisor	1,312	1.3%	7,417	1.5%
Technician	492	0.5%	189	0.0%
Advice Guidance and Advocacy	241	0.2%	717	0.1%
Employment Support	211	0.2%	355	0.1%
Allied Health Professional	201	0.2%	647	0.1%
Educational Assistant	183	0.2%	543	0.1%
Occupational Therapist	161	0.2%	1452	0.3%
Teacher	168	0.2%	512	0.1%
Educational Support	134	0.1%	443	0.1%
Childcare Worker/Assistant	129	0.1%	726	0.2%
Youth Offending Support	114	0.1%	205	0%
Counsellor	28	0%	72	0%
Nursery Nurse	4	0%	93	0%
Number of workers	102,577	100%	496,030	100%

These differences are reflected more clearly when examine the distribution of men and women by main job role groups (Table 7). The data show that significantly more men have managerial/supervisory or other job roles than women (9.6% vs. 7.7% and 18.8% vs. 13.2% respectively).

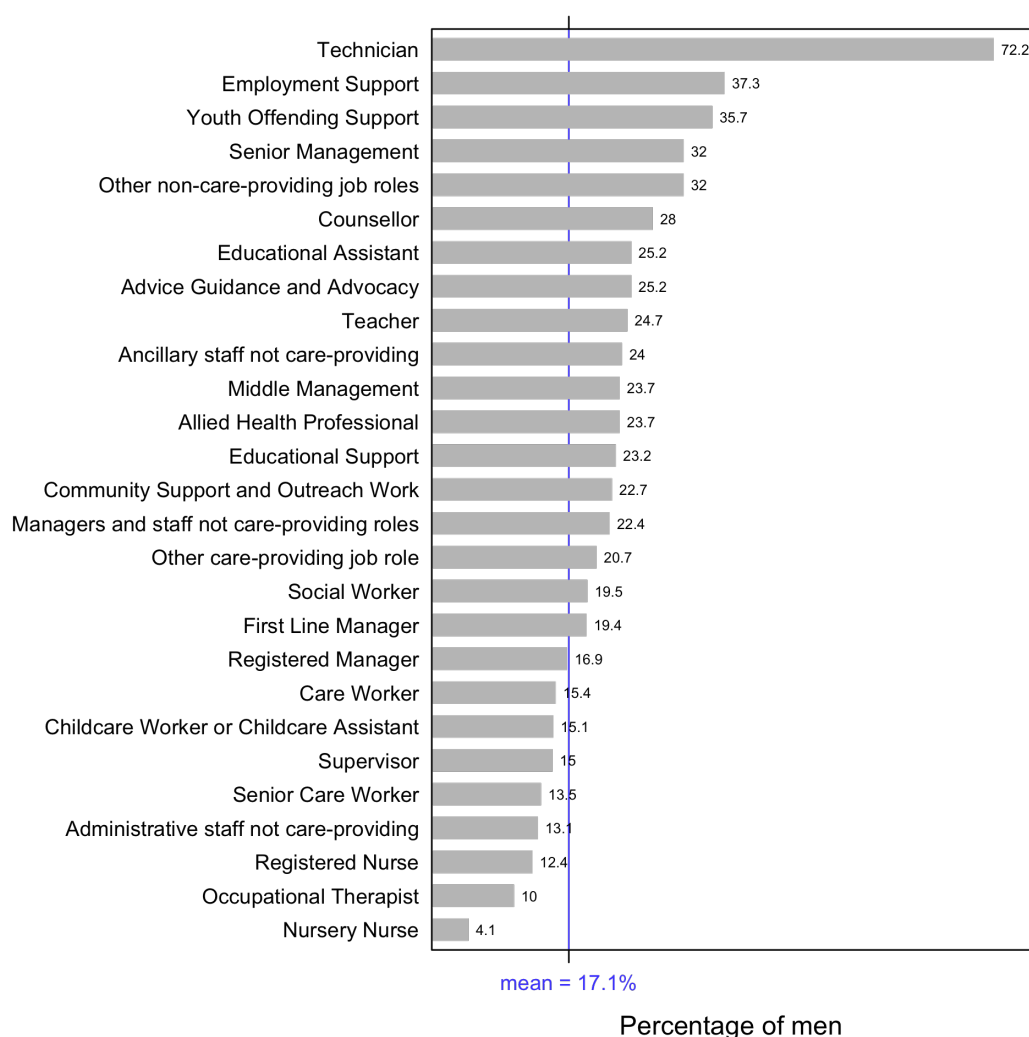
Table 6 Distribution of workers by main jog role group and gender, NMDS-SC March 2011

Main job role group	Men		Women	
	N	%	N	%
Direct Care	68,093	66.3%	361,282	72.8%
Manager/Supervisor	9,887	9.6%	38,300	7.7%
Professional	5,392	5.3%	31,016	6.3%
Other	19,322	18.8%	65,730	13.2%
Number of workers	102,694	100%	496,328	100%

We were also interested in examining the prevalence of men within different job roles and how these compare to the average percentage of men in the overall workforce represented by the NMDS-SC. Given that the majority the workforce work in care related jobs, particularly as care workers or senior care workers, examining the percentage of men within specific job roles provides further insight into the contribution of men to different aspects of the care workforce. Figure 5 shows that the vast majority of technician jobs within the sector are performed by men (72%); this is a reflection of the social acceptance of technical roles as masculine and whether such jobs are performed within a female dominated work settings may not affect the attraction of such jobs to men. Other job roles where men were engaged more than the average include employment support (37%), youth offending support (36%), senior management (32%), counselling (28%) and educational support (25%). All of the latter jobs may

perhaps be regarded as masculine or as 'gender neutral' job roles. Among care related jobs, which are usually regarded as the most feminine types of jobs, men contribute relatively less than the average of 17%; for example, only 12 percent of registered nurses and 13.5 percent of senior care workers are men.

Figure 5 Percentage of men within different job roles (compared to the mean of men among all job groups (17.1%)) NMDS-SC March 2011



Work patterns

Findings from the NMDS-SC data presented in Table 8, indicate that, as one may expect, men are more likely to work full time than women (60% vs. 46%) while significantly more women work on a part time basis ($\chi^2=8100.9$; $df=2$; $p<0.001$). These varying work patterns may reflect both the nature of specific job roles performed by different genders as well as the wider outside responsibilities of men and women working in the sector.

Table 7 Distribution of workers by gender and whether employed on full or part time basis, NMDS-SC March 2011

Work pattern	Men		Women	
	N	%	N	%
Full-time	57,817	60.2%	212,798	45.6%
Part-time	25,153	26.2%	191,562	41.0%
None of the above	13,102	13.6%	62,439	13.4%
Number of workers	96,072	100%	466,799	100%

Linked to working patterns are the number of contracted hours worked per week, Table 9 shows that more women than men are on 'zero hours' contracts reflecting a more flexible working arrangement. Over half of men (55% compared to 36% of women) are contracted to work at least 35 hours per week mirroring the fact that nearly two thirds of them work on a full time basis.

Table 8 Distribution of workers by gender and number of contracted hours

Contracted hours	Men		Women	
	N	%	N	%
Zero hours contracts	17,047	18.7%	97,774	22.1%
Up to 15	4,435	4.9%	27,283	6.2%
15-25	10,699	11.8%	93,669	21.2%
26-34	8,740	9.6%	64,035	14.5%
35-39	38,275	42.0%	122,901	27.8%
40-45	10,726	11.8%	32,673	7.4%
More than 45	1,154	1.3%	4,127	0.9%
Number of workers	91,076	100%	442,462	100%

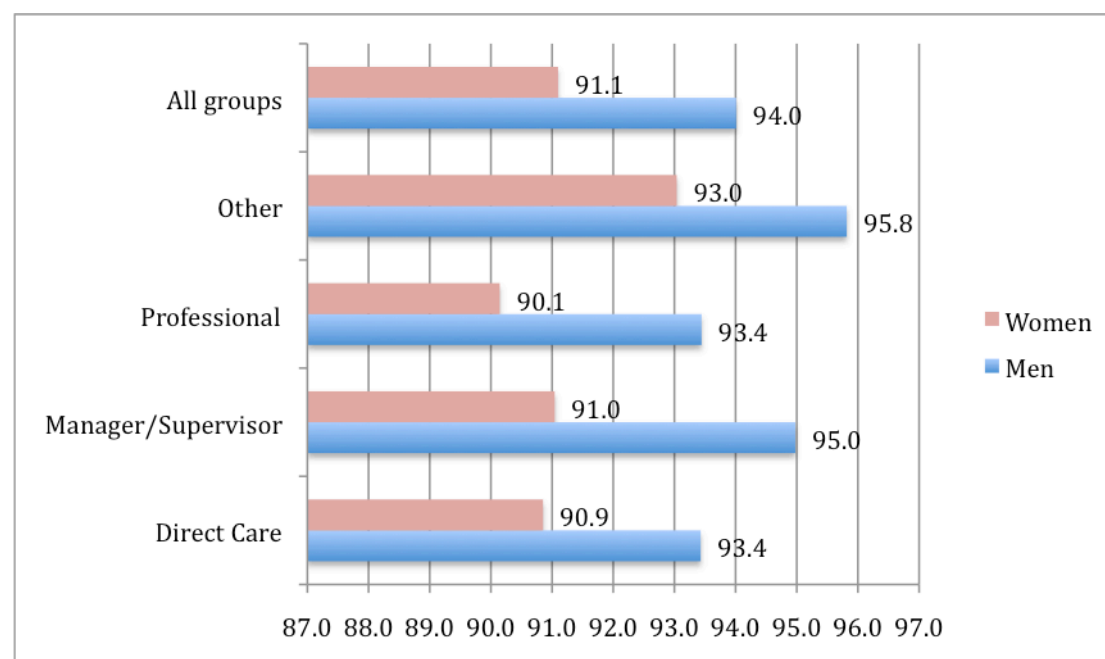
The NMDS-SC gathers information on the number of additional hours worked during the previous week from the data collection point. Table 10 indicates almost no differences between the distributions of number of additional hours by gender. The majority of men and women did no additional hours during the previous week or are on zero hours contracts⁸. The NMDS-SC used to collect information on continuity of work and whether workers had careers breaks⁹. As one may expect, Figure 6 shows proportionally more women were identified as having career breaks exceeding 12 months (8.9% vs. 6.0%). This is a clear reflection of maternal responsibilities and possible career breaks due to maternity or childcare.

⁸ 'Zero hours contracts' are contracts of employment which do not specify any number of hours that the employee will be required to work. The contract says that instead of working a specific number of hours per week, that worker must be ready to work whenever they are asked.

⁹ This data item was removed by Skills for Care from the NMDS-SC in 2011 due to lack of perceived use.

Table 9 Distribution of workers by gender and number of additional hours worked during the previous week, NMDS-SC March 2011

Number of additional hours during the previous week	Men		Women	
	N	%	N	%
None or zero hours contracts	57,725	88.0%	281,173	87.4%
Up to 2	758	1.2%	3,737	1.2%
3 to 4	511	0.8%	2,724	0.9%
5 to 6	836	1.3%	4,534	1.4%
7 to 10	1,572	2.4%	7,554	2.4%
11 to 15	1,246	1.9%	5,844	1.8%
16 to 20	757	1.2%	4,282	1.3%
More than 20	2,164	3.3%	11,749	3.7%
Number of workers	65,569	100%	321,597	100%

Figure 6 Percentage of men and women with NO career breaks exceeding 12 months by main job role group, NMDS-SC March 2011

Employment status

The NMDS-SC data indicate that proportionally more women work on permanent basis (87% vs. 83%), while men appear to be more likely to work in 'bank or pool' arrangements or through agencies (temporary or locum working) (10% vs. 8%; $\chi^2=897.7$; $df=6$; $p<0.001$).

Table 10 Distribution of workers by gender and type of employment contract, NMDS-SC March 2011

Type of contract	Men		Women	
	N	%	N	%
Permanent	82,114	83.2%	412,732	86.5%
Temporary	5,166	5.2%	20,266	4.3%
Bank or pool	7,102	7.2%	27,696	5.8%
Agency	2,357	2.4%	8,972	1.9%
Student	156	0.2%	493	0.1%
Volunteer	252	0.3%	428	0.1%
Other	1,578	1.6%	6,494	1.4%
Total number of workers	98,725	100%	477,081	100%

Source of recruitment

The NMDS-SC, March 2011, contained information on the source of recruitment relating to current main job for 50,128 men and 249,539 women. The findings presented in Table 11 shows that men are more likely to be recruited from outside the social care sector. Men were less likely to be recruited from retail and the health sector than women and are less likely to be returners. Almost identical proportions of men and women were not previously employed at the time when they started their current jobs. The latter may suggest that men who work in the care sector are not particularly doing so in response to periods of unemployment.

Table 11 Distribution of workers by gender and source of recruitment to current main job, NMDS-SC March 2011

Source of recruitment	Men		Women	
	N	%	N	%
Social care sector	21,601	43.1%	127,459	51.1%
Other sectors/sources	17,334	34.6%	67,702	27.1%
Agency	2,605	5.2%	9,549	3.8%
Health sector	2,395	4.8%	14,426	5.8%
Not previously employed	1,777	3.5%	8,447	3.4%
Retail sector	1,449	2.9%	9,560	3.8%
From abroad	1,441	2.9%	4,867	2.0%
Student/volunteer	1,081	2.2%	3,789	1.5%
Returner	445	0.9%	3,740	1.5%
Number of workers	50,128	100.0%	249,539	100.0

Organisational characteristics and recruiting men in the care sector

Types of organisations, their management structure and local socio-economic levels are all likely to affect the acceptance and willingness of men to join the care sector and other predominantly female occupations. We explore the associations between different organisational characteristics and the prevalence of men within the care workforce. We start by exploring different patterns of associations then we performed a mixed-effect model to examine and separate the effects of region, local (district level) council and individual providers on the prevalence of men.

Single level analysis

As with the whole care workforce in England, the majority of men (59%) works in the private sector, followed by the voluntary sector (21%). Table 12 shows that both men and women follow similar distribution of sector of work, which mirrors the overall distribution of adult social care provision in England, where care is mostly provided by the private sector. The data indicate that men are slightly over represented in the voluntary sector (21% vs. 17%), and slightly under-represented in the private sector (59% vs. 62%).

Table 12 Distribution of workers by gender and sector, NMDS-SC March 2011

Sector	Men		Women	
	N	%	N	%
LA (Adult)	13,761	13.4%	73,397	14.8%
LA (Children)	1,384	1.4%	6,247	1.3%
LA (Generic)	338	0.3%	1,583	0.3%
LA owned	1,006	1.0%	5,730	1.2%
Health	222	0.2%	688	0.1%
Private	60,064	58.6%	305,788	61.7%
Voluntary	21,930	21.4%	85,410	17.2%
Other	3,779	3.7%	16,610	3.4%
Number of workers	102,484	100%	495,453	100%

Figure 7 present the distribution of men and women within different sectors by main job role group. The data indicate not only that men are proportionally more likely to be employed within the voluntary sector than the private sector, but also that more men within the voluntary sector hold managerial roles than within the private sector. Most professional men are employed by local authorities (LAs).

Figure 7 Distribution of men and women within different sectors by main job role group, NMDS-SC, March 2011

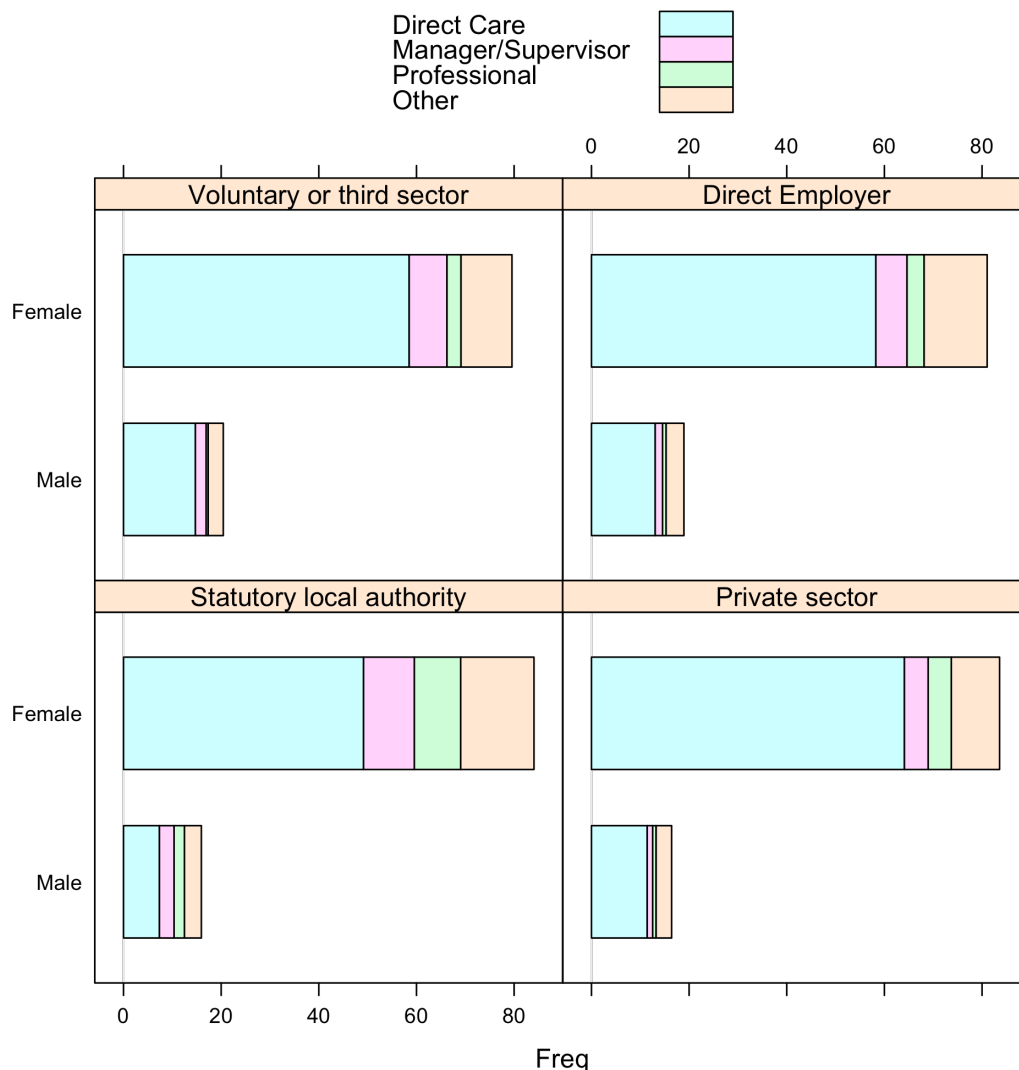


Table 13 shows that similar proportions (57% and 56%) of men and women work in adult residential services, however, smaller proportions of men work in domiciliary services (28% vs. 34%) while more work in community and day care services (12% vs. 9%). Both men and women appeared to be working within organisations with similar turnover and vacancy rates. The average vacancy rate within organisations where men worked is 22.4% (s.d. 89.2), which is very similar to that for women (22.2% s.d.= 85.9). Similarly, the average vacancy rate is 2.3% (s.d.=6.7) for organisations where men work compared to 2.2% for women (s.d.=6.3). These findings suggest the presence of men in most organisations and not being particularly present in places where either vacancy or turnover rates are higher than average, as is the case with migrant workers in the sector, for example (Hussein 2011a).

Table 13 Distribution of workers by gender and main type of service, NMDS-SC March 2011

Main service provision	Men		Women	
	N	%	N	%
Adult residential	53,470	57.1%	260,846	56.4%
Adult domiciliary	26,487	28.3%	157,897	34.1%
Adult community care	7,892	8.4%	26,898	5.8%
Adult Day Services	3,776	4.0%	12,579	2.7%
Children services	2,038	2.2%	4,450	1.0%
Health/Other services	54	0.1%	155	0.0%
Number of workers	93,717	100.0%	462,825	100.0%

The prevalence of men in the sector varied by region, Table 14 shows that it was highest in London, North West and the South East (see also Figure A.1 in Appendix). There are clear associations with the prevalence of migrants in general in large cities, such as London (Datta et al. 2009), and within the care sector in particular (Hussein 2011b). In terms of organisation size, men appeared to be over-represented at both micro (small size) level and large employers, 23 percent (n=8,506) of workers within micro employers and 20 percent of those working in large organisations (n=7,543) are men.

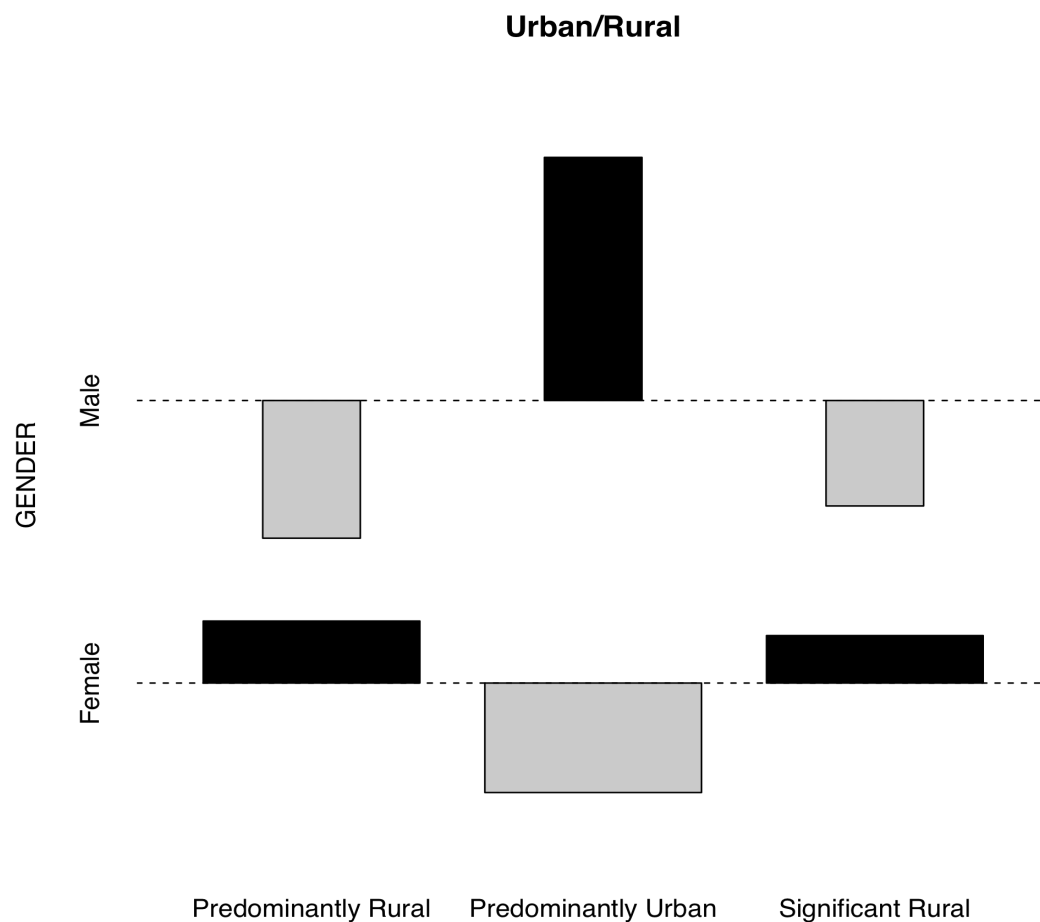
Table 14 Percentage of men and women in the care sector by region as reported in the NMDS-SC March 2011

Region	Men		Women	
	N	%	N	%
Eastern	10,462	15.8%	55,941	84.2%
East Midlands	11,067	16.4%	56,617	83.6%
London	12,122	20.8%	46,269	79.2%
North East	6,726	16.8%	33,391	83.2%
North West	14,684	18.3%	65,642	81.7%
South East	16,128	17.7%	74,906	82.3%
South West	11,265	16.8%	55,686	83.2%
West Midlands	11,143	15.7%	59,731	84.3%
Yorkshire & Humber	9,083	15.9%	48,034	84.1%
Number of workers	102,680	17.1%	496,217	82.9%

As discussed in the methods section, we used the Office of National Statistics urban and rural classification¹⁰. Figure 8 shows that men are significantly over-represented in social care employment in predominantly urban areas.

¹⁰ We linked rural-urban classification to the NMDS-SC provision data, down to CSSR (Council with Social Services Responsibility) level (downloaded from the Office for National Statistics (ONS) website, www.ons.gov.uk): three-way classifications of 'Predominantly Rural' (R50 and R80), 'Significant Rural' (SR) or 'Predominantly Urban' (OU, MU and LU) are obtained for each CSSR. The Rural/Urban Definition, an official National Statistic introduced in 2004, defines the rurality of very small census-based geographies. 'Predominantly Rural' areas have from 50 to 80 percent of their population living in rural settlements or large market towns. 'Significant Rural', indicates that a district has between 26 and 50 percent of its population living in rural

Figure 8 Association between level of rurality of area and prevalence of men within organizations, using Cohen-Friendly technique, NMDS-SC March 2011

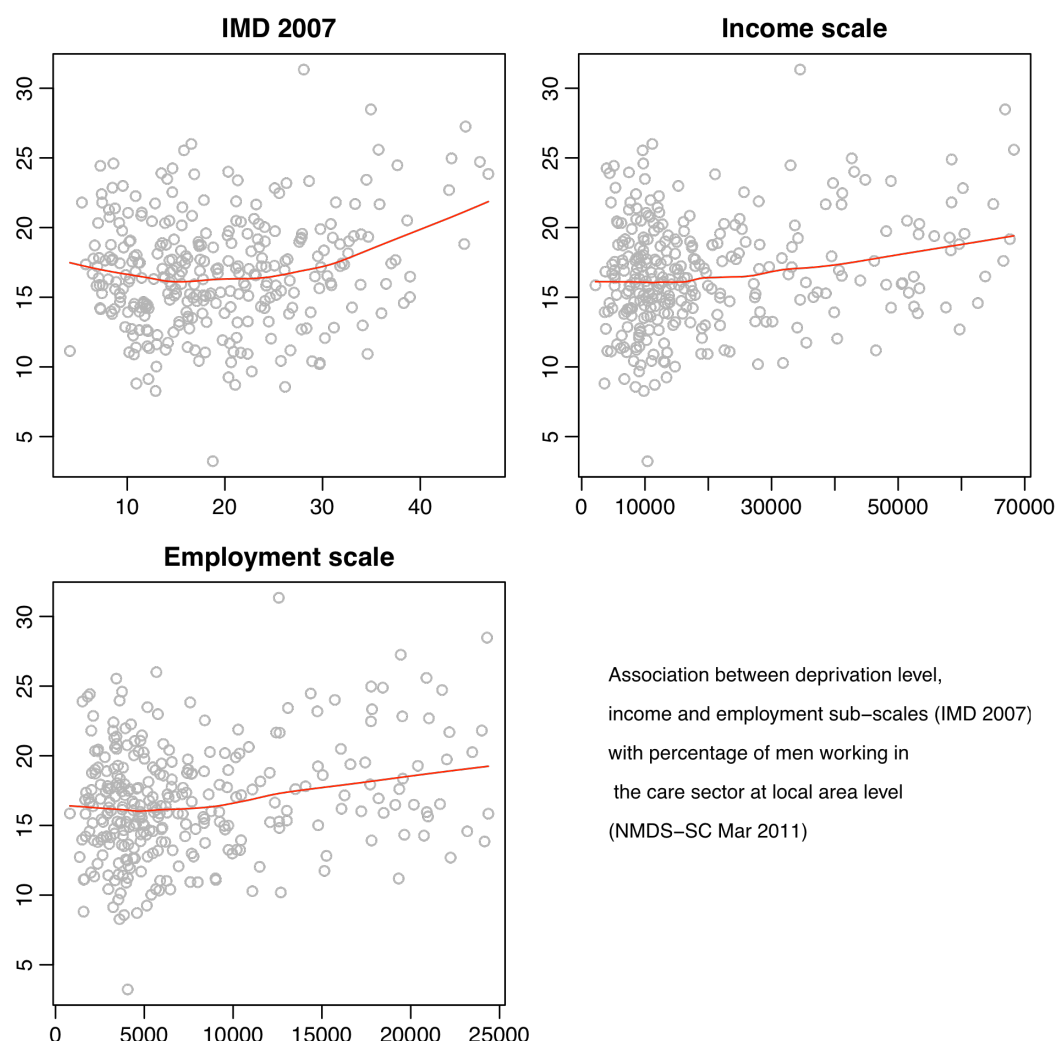


Different areas have different socio-economic characteristics that are likely to affect labour participation of both men and women. Using the overall and sub-indices of the English Indices of Multiple Deprivation 2007¹¹, Figure 9 indicates some positive relationships between the level of deprivation and prevalence of men with the sector, such association is observed in both income and employment sub-scales.

settlements and large market towns. 'Predominantly Urban' areas are those with at least 50 percent of the population living in urban centers.

¹¹ IMD is the government's official measure of multiple deprivations at small area level. The Index of Multiple Deprivation (IMD) brings together 37 different indicators, covering specific aspects or dimensions of deprivation: income, employment, health and disability, education, skills and training, barriers to housing and services, living environment and crime. These are weighted and combined to create the overall IMD 2007. The higher the value of the index (and sub-scales) the more deprived the local area (for further information see Noble et al, (2008).

Figure 9 Scatter plots of prevalence of men within the sector in different local areas by IMD 2007, its income and employment sub-scales, NMDS_SC March 2011 and IMD 2007



Mixed-effect (hierarchical) model

Using a mixed-effect model we examined the association and hierarchical effect of different factors on the prevalence of men within individual organisations (for more discussion see the Methods section). The model examined variations in the prevalence of men within a total of 19,369 organisations (complete cases) nested within 326 district level councils nested within 9 geographical regions. Tables 15 and 16 present the results of the final model for the fixed and random effects (model residuals are presented in the Appendix). The final model indicated several variables to be associated with the prevalence of men within different organisations. The model indicates that the vast majority of variance in the prevalence of men is attributable to organisational level (within organisation variance) after controlling for the local council and region effect. Only 2 percent of the variance is attributable to the effect of local council while only one percent

is attributed to the effect of the region (see Table 16). The final model did not show any significant associations between local deprivation measures and prevalence of men within care organisations; however, some of the variations are accounted for in the two percent attributed to local councils. Although level of rurality was significantly associated with the prevalence of men in the workforce at the organisational level ($F=6.07$; $p=0.003$), the differences between different areas in terms of rurality were not highly significant.

Table 15 Results of fixed-effects of final mixed-effect model examining association between prevalence of men within organizations with different factors at three levels of hierarchy, NMDS-SC March 2011

Results of final model	Lower 95% CI	β	Upper 95% CI	Std. Error	t-value (F- value)	p-value
Fixed Effects						
Organisation size (ref: Micro)					(122.04)	<0.001
Small	-5.23	-3.38	-1.54	0.94	-8.67	<0.001
Medium	-6.45	-5.55	-4.10	1.00	-8.93	<0.001
Large	-8.75	-4.95	-1.16	2.14	-3.9	<0.001
Sector (ref: LA)					(30.35)	<0.001
Private	2.45	3.38	4.32	0.48	7.10	<0.001
Voluntary	3.94	4.96	5.97	0.52	9.57	<0.001
Type of service (ref: Adult residential)					(69.52)	<0.001
Adult day	2.03	3.45	4.86	0.72	4.76	<0.001
Adult domiciliary	-5.64	-4.89	-4.13	0.39	-12.66	<0.001
Adult Community	4.43	5.58	6.74	0.59	9.48	<0.001
Children	7.75	9.46	11.17	0.87	10.86	<0.001
Health/Other	5.33	6.51	7.7	0.61	10.75	<0.001
Rurality (ref: Pred. Rural)					(6.07)	0.003
Predominantly Urban	-0.03	1.25	2.54	0.65	1.92	0.060
Significant Rural	-1.83	-0.48	0.87	0.68	-0.70	0.490
Service users group						
Adults with LD					(451.4)	<0.001
Yes	5.6	6.19	6.78	0.3	20.44	<0.001
Adults detailed MHA					(8.17)	0.004
Yes	-1.27	3.39	8.06	2.38	1.43	0.150
Adults with ASD					(27.93)	<0.001
Yes	4.09	6.49	8.9	1.23	5.28	<0.001

On the organisational level, several fixed effects, or measurable variables, are significantly associated with the prevalence of men in the workforce. Organisation size, sector, type of service and certain main user groups were significantly associated with the presence of male workers within organisations. One of the factors with the largest magnitude on the prevalence of men within the workforce is organisational size, with micro organisations attracting significantly more men. Medium sized organisations have the lowest prevalence

compared to the mean within organisations (19.54%) ($\beta=-5.55$; $p<0.001$). Men are significantly more likely to be employed in voluntary organisations and the private sector with 4 to 6 percent points above the mean ($\beta=5.97$ and 4.32 respectively; $p<0.001$). The model shows that men are least likely to work in organisations providing adult domiciliary care ($\beta=-4.89$; $p<0.001$). On the other hand, men are significantly more likely to work in organisations providing services to adults with learning disability ($\beta=6.19$; $p<0.001$) and adults with autistic spectrum disorder ($\beta=6.49$; $p<0.001$).

Table 16 Results of random-effects of final mixed-effect model examining association between prevalence of men within organizations with different factors at three levels of hierarchy, NMDS-SC March 2011

Random effects	Lower 95% conf	Estimated value	Upper 95%	Estimated variance	% Overall variance
Region	1.07	1.88	3.33	3.55	0.97%
Local council	2.37	2.74	3.17	7.50	2.06%
Organisation (Within group)	18.62	18.80	18.99	353.59	96.97%
Total variance				364.64	

Trends in the contribution of men to the care sector

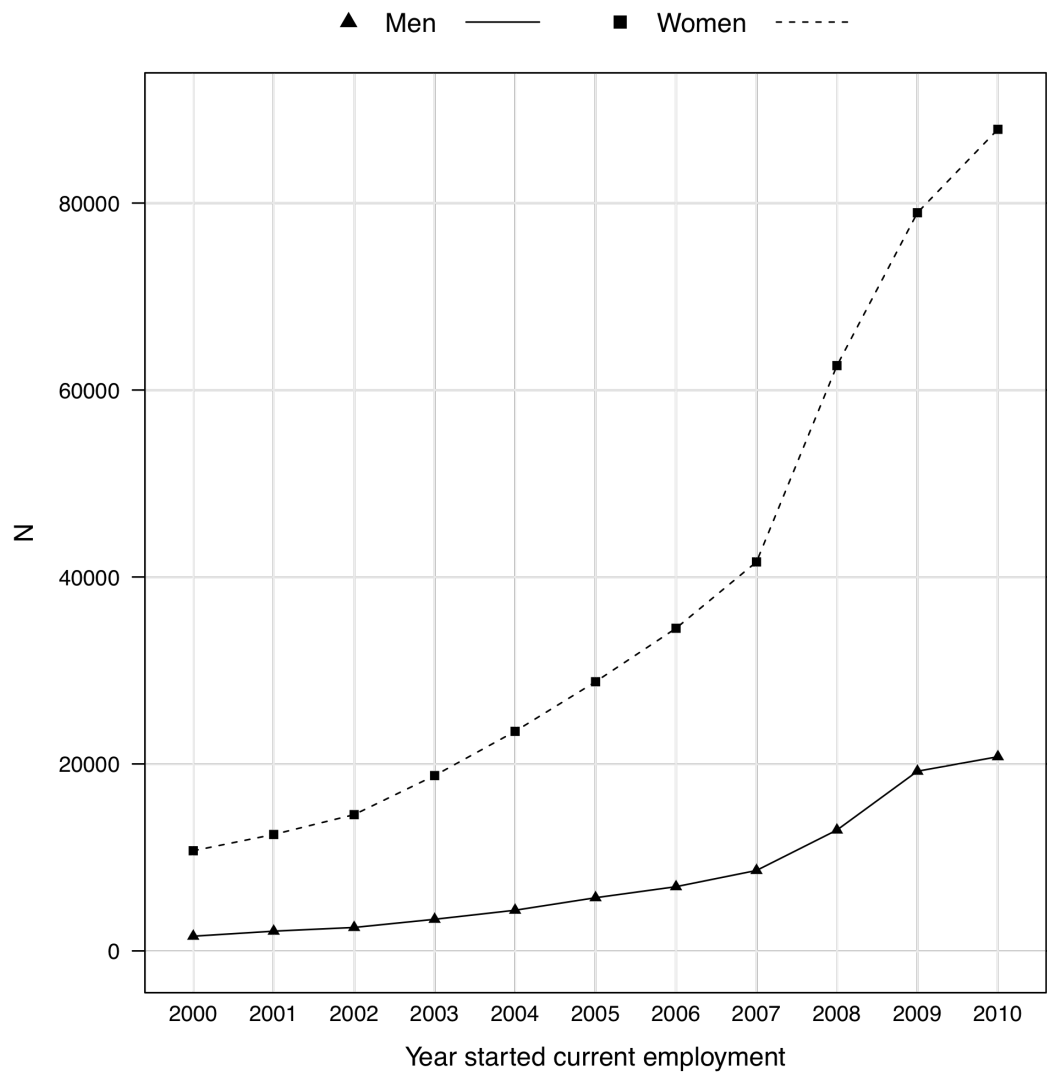
The NMDS-SC collects information from employers on several dates, including the year each worker started working in the sector, and the year each worker started in their current employment. The former information is usually subject to a number of errors including the fact that such information may not be available to employers. Employers are more likely to provide more accurate information on the year an employee started with their current employer. Using the latter information we examined the reported contribution of men to the sector since year 2000 to 2010. While employers' recall of the year when workers started employment in their current jobs may be more accurate, such data are partial by nature. The data refer to all workers who are currently working in the sector and thus do not include information on any workers who have left their employment or the sector. The findings derived from the NMDS-SC presented here are valuable in detecting trends in the pattern of starting current job among the cohort of workers¹² who are still working at the time of data collection but are not intended to present trends about all those who join social care employment year on year. Table 17 and Figure 10 thus show a steady increase in the number of workers reported as starting their employment year on year from 2000, for both men and women. Table 17, however, shows a steady increase in the prevalence of men among all those reported to start employment in the sector from 12.8 percent in 2000 to 19.6 percent in 2009, with a very small dip of 19.1 percent in 2010. The data may be regarded as suggestive of a slow increase in the contribution of men to the care workforce over time.

Table 17 Number of men and women starting their current employment from 2000 to 2010 and percentage of men, NMDS-SC March 2011

Year started current employment	Number of men	Number of women	Percentage of men
2000	1574	10716	12.8%
2001	2114	12454	14.5%
2002	2509	14578	14.7%
2003	3383	18755	15.3%
2004	4353	23487	15.6%
2005	5691	28794	16.5%
2006	6871	34515	16.6%
2007	8607	41612	17.1%
2008	12930	62611	17.1%
2009	19221	78967	19.6%
2010	20773	87886	19.1%

¹² The NMDS-SC is cumulative in nature and information is collected over time, therefore, some information may be collected prior to March 2011

Figure 10 Number of workers starting their current employment by gender from year 2000-2010, NMDS-SC March 2011



Migrant and British men working in care

Conceptually migrant men may be more willing to accept traditionally female jobs in the host country than 'home' men. This may be the case especially if demand for such jobs is high and securing these jobs becomes part of the immigration process (Hussein, 2011b). Immigration status itself can influence the '*de facto*' social class of migrant men, in some cases irrespective of their actual class or education level, some researchers have associated acceptance of female dominated jobs and social class (e.g. Lupton, 2006). It is likely that migrant men may accept certain jobs as part of strategic or pragmatic decisions and processes; for example, Datta and colleagues (2009) highlight the concentration of migrant men in low paid jobs in London. However, migrant men in the care sector are not, and should not be regarded as, a homogenous group. Within migrants, race, previous education and social capital are particularly important in job seeking processes.

In England, the NMDS-SC data show that migrants working in the care sector are over represented among men than women (20.9% vs. 14.4%). In this section we investigate if job characteristics of migrant men working in the sector are similar or different from those of British men. A total of 15,213 men are identified by employers to be non-British, migrant men are significantly younger than British men with an average of 5 years (mean=37.2, s.d. 10.1 vs. mean=42.1, s.d.=13.9; $F=1665.3$; $p<0.001$).

Main job role

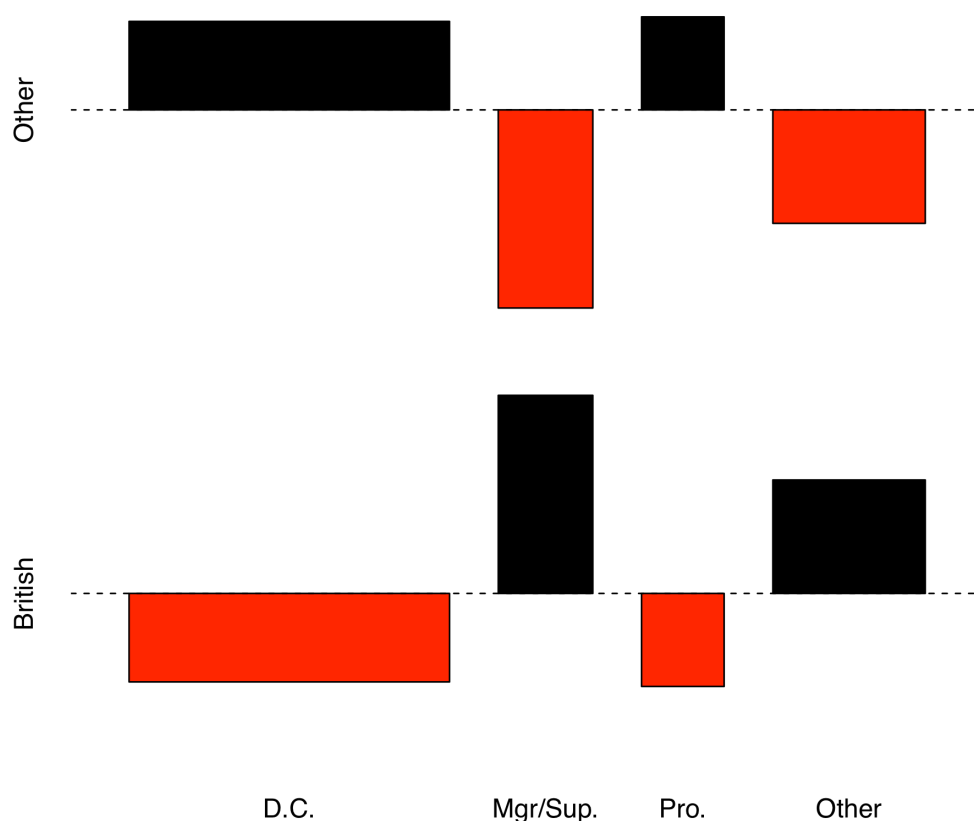
In comparison to British men, migrant men are more concentrated in direct care job roles and less represented among managerial and supervisory roles. Table 18 and Figure 11 show these to be significant differences. On the other hand, proportionally more migrant men have professional roles than British men (6.2% vs. 3.5%).

Table 18 Distribution of migrant and British men in the care sector by main job role group, NMDS-SC March 2011

Main job role group	Migrant men		British men	
	N	%	N	%
Direct Care	11,887	77.4%	39,143	67.5%
Manager/Supervisor	467	3.0%	5,552	9.6%
Professional	945	6.2%	2,013	3.5%
Other	2,055	13.4%	11,254	19.4%
Total number of men ¹³	15,354	100%	57,962	100%

¹³ Number of men with valid information on nationality

Figure 11 Association between job role (grouped) and men's nationality using Cohen-Friendly plot, NMDS-SC March 2011



On closer investigation of specific job roles that are held by migrant and British men, it is clear that proportionally more migrant men are employed as care workers and as nurses, reflecting a higher acceptance of these particularly female roles (see Appendix; Table A.1). Around 80 percent of migrant men had their completed an induction compared to only 66 percent of British men ($\chi^2=1290.8$; $df=2$; $p<0.001$).

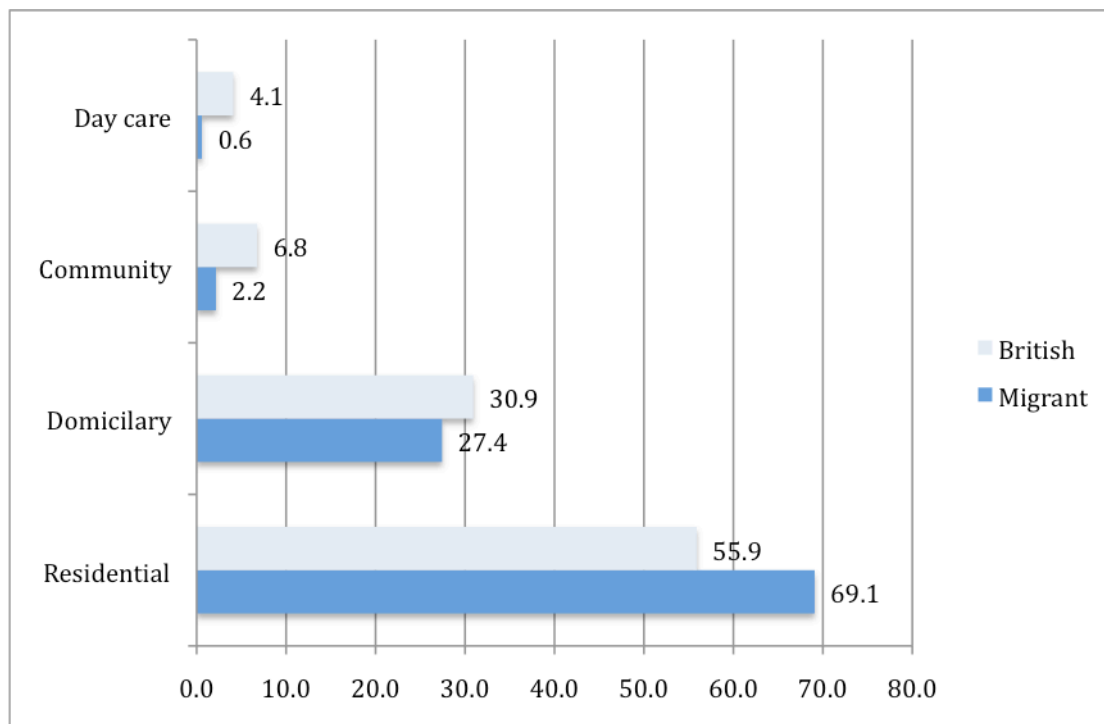
Service characteristics

We investigated whether migrant men are more likely to be working within certain organisations or those providing specific services in comparison to British men. The analysis clearly showed the concentration of migrant men within the private sector while British men were more likely to be working in the voluntary sector. Around 80 percent ($n=12,258$) of migrant men worked in the private sector compared to only 60 percent of British men ($n=34,268$). While

more than a quarter of British men (27%; n=15,740) worked in the voluntary sector, only 16 percent (n=2,441) of migrant men did so. Proportionally more British men also worked in the public sector (local authorities; See Figure A.2 in Appendix).

Figure 12 shows that British men are more likely to work in day care and community care services while migrant men are proportionally over represented in residential services (69% vs. 56%). This is likely to be a reflection of job roles that are performed by migrant and British men within the sector, with migrant men more likely to work as registered nurses. The differences in both sector of work and type of services where migrant and British men work reflect variable shortage levels and working conditions and may reflect different choice patterns between migrant and British men when joining the care sector.

Figure 12 Distribution of migrant and British men by service type, NMDS-SC March 2011



Overall men form 17 percent of the workforce, out of these 21 percent are migrants. However, large differences in these percentages are observed according to service user groups. When we examined the contribution of men to the workforce working in organisations providing services to certain user groups, as the second column of Table 19 shows, men appear to be over-represented in work with some user groups. The percentage of men is considerable, at 25 to 30 percent of the workforce, when working in organisations providing services to adults with autistic spectrum disorder (ASD), adults detained or being cared for under the Mental Health Act (MHA) and children and young people with ASD.

Table 19 Prevalence of men in organizations providing services to different user groups and the proportion of migrants of these men, NMDS-SC March 2011

Service user group	% of all men	Total number of workers	% of migrants among men
<i>Older people</i>			
With dementia	13.1%	267,304	27.5%
With learning disabilities	17.0%	13,875	27.1%
With mental disorders or infirmities†	13.3%	165,781	26.0%
With sensory impairment(s)	13.5%	17,236	27.1%
Who misuse alcohol/drugs	13.6%	6,091	27.0%
Detained under the Mental Health Act	19.0%	2,915	42.6%
With autistic spectrum disorder	19.8%	5,260	29.5%
With physical disabilities	16.4%	40,473	35.4%
Other older people not in above categories	12.5%	261,174	24.3%
<i>Adults</i>			
With dementia	15.3%	16,865	25.5%
With learning disabilities	19.7%	238,915	17.6%
With mental disorders or infirmities†	17.2%	175,797	19.6%
With sensory impairments	15.6%	179,641	27.1%
Who misuse alcohol or drugs	14.4%	83,411	27.0%
Detained under the Mental Health Act	29.7%	2,780	34.6%
With autistic spectrum disorder	27.0%	9,977	29.5%
With physical disabilities	15.8%	232,400	20.7%
With an eating disorder	21.6%	2,724	20.1%
Other adults not in above categories	17.4%	43,531	21.6%
<i>Children and young people</i>			
With emotional or behavioural difficulties	21.6%	25,007	21.3%
With physical disabilities	17.1%	34,469	24.8%
With learning disabilities	19.6%	36,913	20.8%
With mental disorders or infirmities†	19.4%	19,486	26.6%
With sensory impairments	18.6%	23,601	20.8%
Who misuse alcohol or drugs	22.3%	8,393	25.4%
Detained under the Mental Health Act	12.7%	71	33.3%
With autistic spectrum disorder	25.5%	3,110	16.6%
With an eating disorder	22.7%	436	17.6%
Other C&YP not in above categories	20.6%	8,142	16.6%
<i>Carers</i>			
Of older people	13.3%	58,210	23.5%
Of adults	14.2%	52,115	20.9%
Of children and young people	16.5%	19,038	26.1%
Families	17.2%	23,691	28.1%
Other not in above categories	19.8%	14,825	14.5%
All groups	17.1%	599,022	20.9%

† Excluding learning disability or dementia

On the other hand, men appear to be under-represented within organisations offering services to older people with dementia and other mental disorders, and carers of older people. In terms of the contribution of migrants among different groups of male workers, the last column of Table 19 shows that it is largest, at 43 percent, among those working with the small numbers of older people detained or being cared for under the MHA, this was followed by older people with physical disabilities, adults or the extremely small numbers of young people detained or being cared for under the MHA (the latter totalling 71 members of staff in all) (33 to 35 percent). These variations are correlated with the types of job roles performed by migrant versus British men.

Discussion

With the expanding demand for long-term care and the move of care services from the public to the private sector, more attention is given to attracting non-traditional workers into the care sector. Austerity measures and recession in the UK, and globally, also mean that securing employment becomes more difficult and sectors where there is an abundance of jobs, such as the care sector, may be in a position to recruit those who may have not considered such jobs previously. Within such dynamics, at the heart of the nature and economics of care, care remains a personal service not only a product but in its core is the development of relationships and it is governed by interacting social and personal norms making the commodification of care far from a smooth market-led process.

Men are in the heart of these dynamics and while globalisation, labour market composition and local availability of jobs play a role in attracting them to non-traditional roles; societal acceptance, norms and the secondary position of the care sector are not easy to overcome. Research interest in men who join female-dominated occupations is growing, but still in its infancy. Most of such research relates to the advantages associated with such choices and may be regarded as building on Kanter's 'token' theory developed in the 70s (Kanter, 1977). While migrant men and global care have attracted recent attention (for example: Kilkey, 2010; Hussein 2011b) most of the available research concentrates on the nursing domain.

The NMDS-SC provides us with a unique opportunity to investigate a very large sample of men who work in the care sector in England, allowing identification of migrants is a further strength. The analysis presented in this *Issue* sought to develop an understanding of the profile, job roles and patterns of men within the care sector and to investigate the characteristics of organisations that appear to attract more men than other. Who are the men in the sector? Which particular jobs are they likely to be doing? In which ways they differ from women? What is the contribution of migrants among them? Are there any labour divisions and segregation across men by nationality?

Employing a mixed-effect model to investigate factors affecting the prevalence of men in the organisation level, we identified a significant role for the local area, particularly its level of rurality, with organisations in predominantly rural areas attracting more men. Men are significantly more likely to work in voluntary organisations and for micro employers and are least prevalent in organisations providing adult domiciliary care. The data also show that men are significantly more likely to be working in organisations serving certain user groups particularly adults with learning disabilities or on the autistic spectrum disorder.

The analysis indicates that men working in the care sector are on average slightly younger than women, however, they are much more evenly distributed across the ages of 30-50, unlike women who peak in the age range of 40-60

years. Significantly more men are reported to have some sort of disability than women, which may reflect a different pattern of disclosing disabilities by gender or more general gender-gaps in levels of job empowerment and security. More men in the sector belong to Black and minority ethnic groups than women, with a larger proportion of migrants, being mainly from outside the EU (particularly the Philippines).

Men in the sector appear to be recruited from a wider range of backgrounds than women, with larger percentages working on temporary basis or through agencies. Larger proportions of men have other relevant qualifications and are recruited from outside the care and health sectors. This may indicate the potential of the sector to attract some men who may have not considered such jobs before, perhaps if they happened to come across them. Such findings tie in well with a small-scale qualitative research (commissioned by Skills for Care) showing that many men recruited to the sector usually 'stumble' upon such jobs (Vector Research, 2010). Trends analysis shows that among the group of men covered by the NMDS-SC (March 2011) proportionally more men had joined their current employment year on year since 2000 (from 12.8% in 2000 to 19.1% in 2010); indicating slight increase in the proportion of men over time.

The findings presented in this *Issue* highlight a number of interesting elements in relation to the contribution of men to the care sector, the first relates to horizontal and vertical segregation within male workers. While the data indicate that around 17 percent of men work in the sector, much higher percentages are observed in jobs that are traditionally masculine in nature, such as technicians, or managerial roles. This indicates that while some men appear to challenge occupational stereotypes by joining this female-dominated care sector, their choices of specific jobs within such occupation are more 'masculine' and they do appear to be in advantageous positions. However, not all men seem to be in this position, migrant men, are proportionally more than migrant women more concentrated within traditionally female jobs such as care work and nursing. Migrant men are consequently over-represented in residential care settings while British men are more represented in day care and community care services. For migrant men such specific jobs can be the facilitator of the immigration act itself or early labour force participation and income on arrival. The findings presented in this *Issue* are useful in policies and strategies in attracting men into the care sector, particularly in understanding that availability of care jobs and austerity measures do not seem strong enough to attract many British men to the sector, however, they may attract migrant men. On the other hand, the availability of traditionally 'masculine' jobs within the sector and the opportunities for occupational authority, through managerial roles for example, may attract more men to the sector.

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Appendix

Table A.1 Distribution of migrant and British men by main job role, NMDS-SC March 2011

Main job role	Migrants		British	
	N	%	N	%
Care Worker	42,547	68.9%	22,671	61.9%
Registered Nurse	6,201	10.0%	10,055	2.7%
Senior Care Worker	4,725	7.7%	24,226	6.6%
Ancillary staff not care-providing	3,614	5.9%	28,702	7.8%
Other non-care-providing job roles	1,064	1.7%	10,263	2.8%
Community Support and Outreach Work	796	1.3%	12,429	3.4%
Other care-providing job role	442	0.7%	3,892	1.1%
Registered Manager	418	0.7%	6,604	1.8%
Administrative or office staff not care-providing	408	0.7%	12,796	3.5%
Supervisor	405	0.7%	5,041	1.4%
First Line Manager	342	0.6%	6,245	1.7%
Senior Management	189	0.3%	3,789	1.0%
Middle Management	171	0.3%	3,332	0.9%
Managers and staff in care-related but not care-providing roles	134	0.2%	3,985	1.1%
Social Worker	89	0.1%	3,299	0.9%
Allied Health Professional	31	0.1%	659	0.2%
Childcare Worker or Childcare Assistant	29	0.0%	631	0.2%
Educational Support	23	0.0%	437	0.1%
Occupational Therapist	20	0.0%	736	0.2%
Educational Assistant	20	0.0%	549	0.1%
Teacher	13	0.0%	398	0.1%
Employment Support	8	0.0%	300	0.1%
Nursery Nurse	8	0.0%	72	0.0%
Advice Guidance and Advocacy	7	0.0%	517	0.1%
Technician	4	0.0%	213	0.1%
Youth Offending Support	1	0.0%	200	0.1%
Counsellor	1	0.0%	58	0.0%
Total number	61,710	100.0%	366,147	100.0%

Figure A.1 Distribution of prevalence of men within organizations by different regions, NMDS-SC March 2011

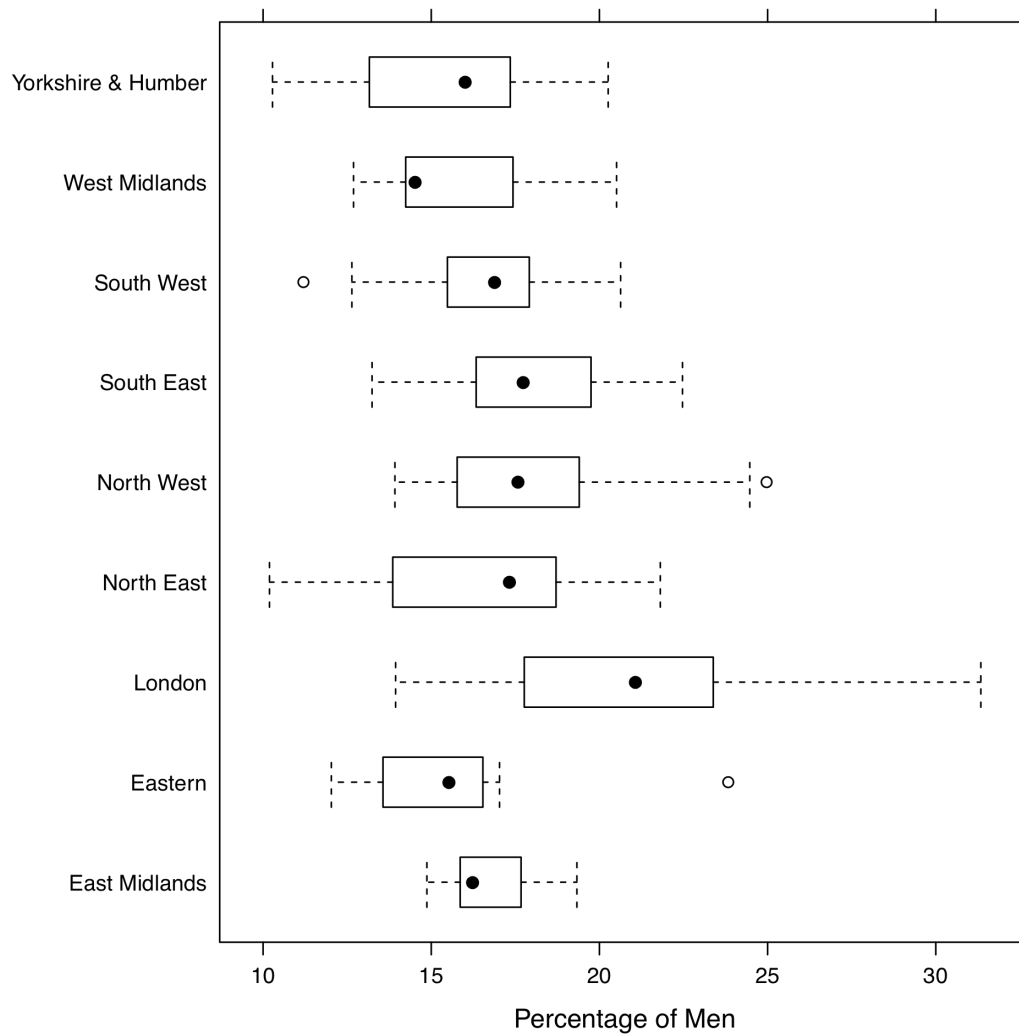


Figure A.2 Distribution of workers by gender and nationality within sectors, NMDS-SC March 2011

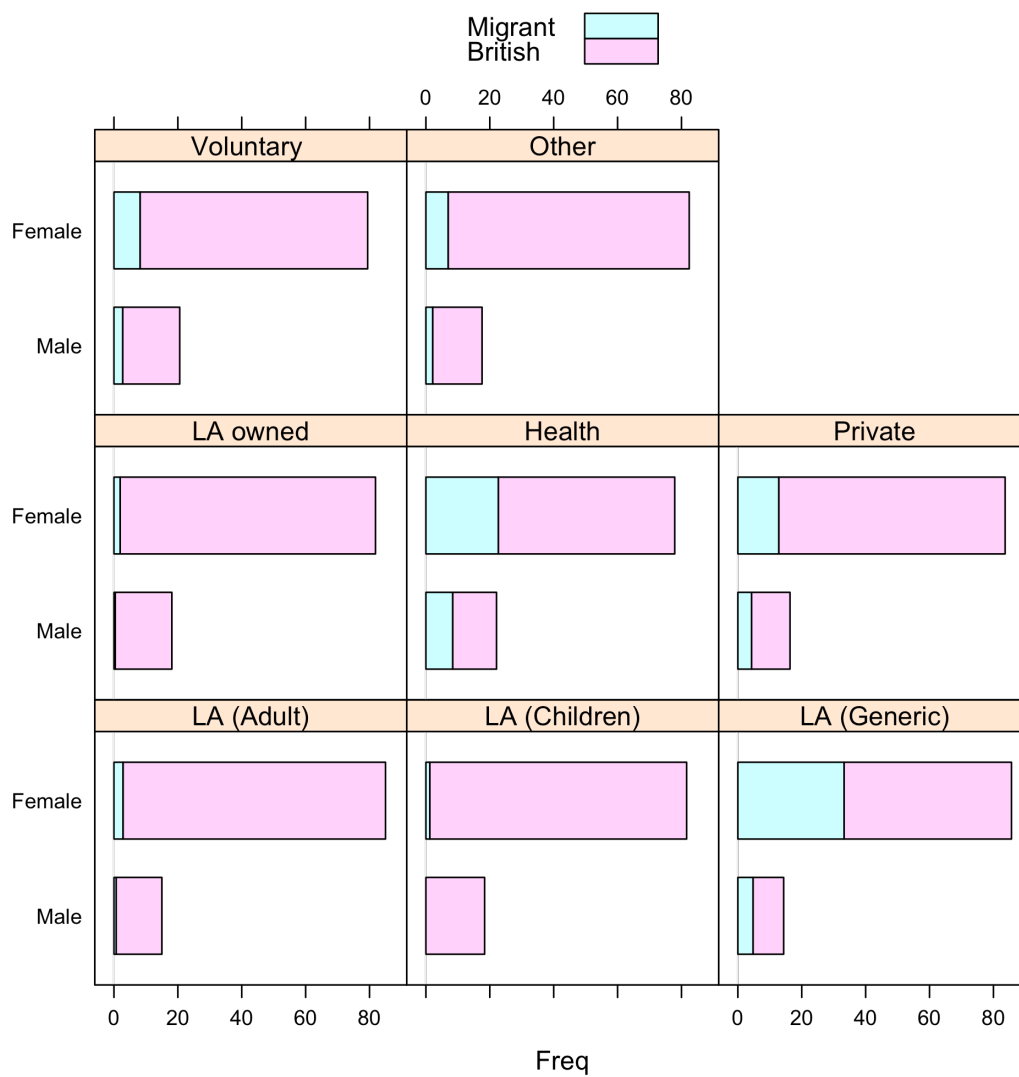


Figure A.3 Residuals by region, final mixed-effect model of prevalence of men per organisation

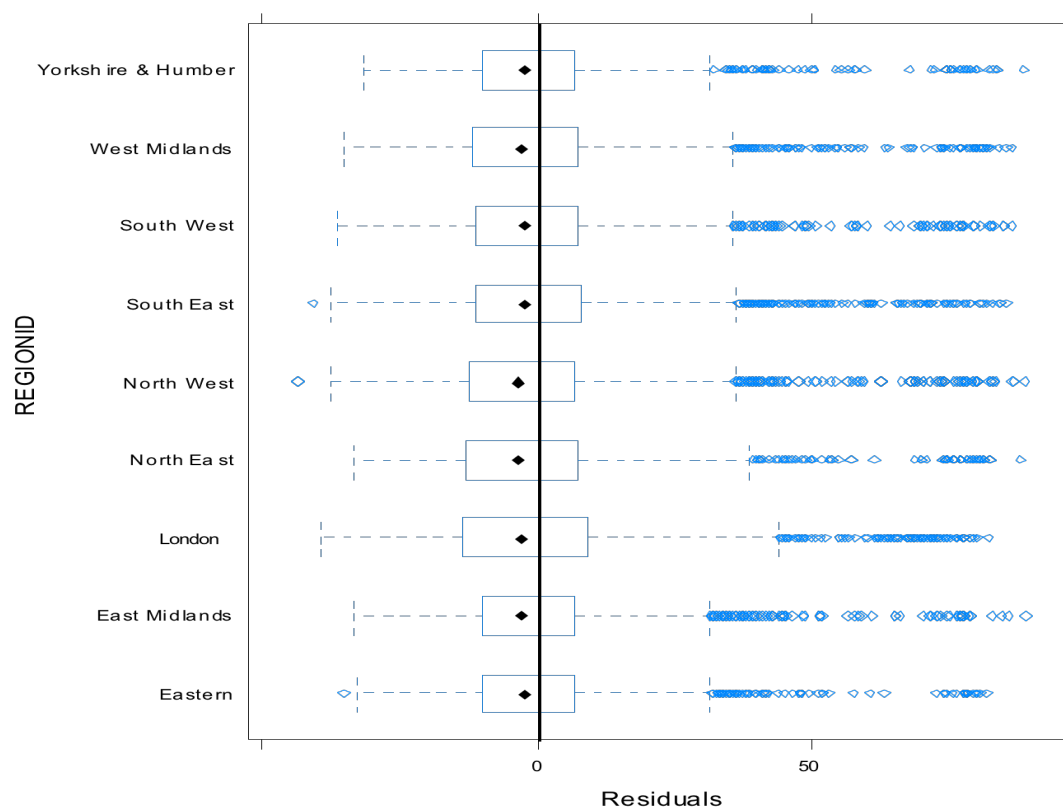


Figure A.4 final mixed-effect model of prevalence of men per organization: residuals and fitted values plot

